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APALACHICOLA, FLORIDA 32329

J. GORDON SHULER
THOMAS M. SHULER
OF COUNSEL
ALFRED O. SHULER

TELEPHONE: (850) 653-9226
FACSIMILE: (850) 653-3382

June 20, 2008

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Milan & Aidan Enterprises, LLC, a Florida Limited Liability Company

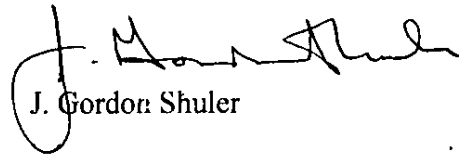
Dear Sir/Madam:

Enclosed for filing you will find the original and one (1) copy of the completed Articles of Organization for Florida Limited Liability Company for Milan & Aidan Enterprises, LLC. Also enclosed is a self-addressed, stamped envelope. Please return a file-stamped copy of the Articles to me.

Also enclosed is our check payable to Division of Corporations in the amount of \$125.00, for the filing fee.

Thank you for your attention to this.

Sincerely,



J. Gordon Shuler

JGS: bfs
Enc: As Stated
xc: Mr. Ketankumar M. Patel
2121 Adderbury Lane
Smyrna, Georgia 30082

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Milan & Aidan Enterprises, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2121 Adderbury Lane
Smyrna, Georgia 30082

2121 Adderbury Lane
Smyrna, Georgia 30082

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

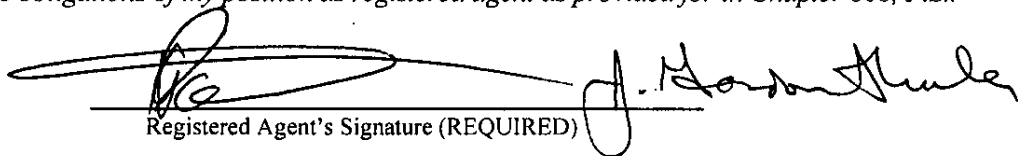
J. Gordon Shuler
Name

100 - 21st Avenue
Florida street address (P.O. Box **NOT** acceptable)

Apalachicola, FL 32320
City, State, and Zip

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08 JUN 23 PM 2:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Ketankumar M. Patel
2121 Adderbury Lane
Smyrna, Georgia 30082

mgrm

Deviben M. Patel
2121 Adderbury Lane
Smyrna, Georgia 30082

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ketankumar M. Patel

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)