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Florida Department of State  
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To:  
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Fax Number : (850) 617-6383

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Account Name : CSH SERVICES, LLC  
Account Number : 120070000160  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**BILAL AL DAWAH - G.O.I. LLC**

Certificate of Status	0
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Page Count	02
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**J. BRYAN**

AUG 28 2008

**EXAMINER**

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

BILAL AL DAWAH - G.O.I. LLC

**ARTICLE II ADDRESS**

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

8860 DORAL OAKS DRIVE, STE 1015  
TEMPLE TERRACE, FLORIDA 33617


**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

OBIAJULUM OKEKE  
7812 N 57TH STREET  
TAMPA, FLORIDA 33617

Having been named as registered agent 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.

X

  
OBIAJULUM OKEKE / Registered Agent's signature

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BILAL AL DAWAH - G.O.I. LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more manager and is, therefore, a Manager Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGER

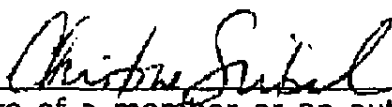
CHRISTINE SEIBEL

8860 DORAL OAKS DRIVE, STE 1015

TEMPLE TERRACE, FLORIDA 33617

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.....

X   
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.

CHRISTINE SEIBEL