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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

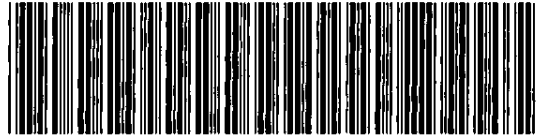
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JAN -9 PM 2:35

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N. O. Ryan

JAN 12 2009

THOMAS A. DANIEL
ATTORNEY AT LAW

623 NORTH MAIN STREET
GAINESVILLE FLORIDA 32601

PHONE (352) 378-8438
FAX (352) 378-3097

January 7, 2009

Office of the Secretary of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

RE: SAFAIE GROUP, LLC

Dear sir/Madam;

Enclosed please find the original and one copy of the Articles of Organization for SAFAIE GROUP, LLC. Also enclosed is my check payable to the Secretary of State in the amount of One hundred sixty dollars and 00/100 for payment.

Please provide me with a certified copy of the Articles of Organization at your earliest convenience.

If further information is needed, please do not hesitate to contact me.

Sincerely,



Thomas A. Daniel

TAD/bas

ARTICLES OF ORGANIZATION FOR
SAFAIE GROUP, LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I

The name of the Limited Liability Company is:

SAFAIE GROUP, LLC

ARTICLE II

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

514 N. Main Street
Gainesville, FL 32601

ARTICLE III

The period of duration for SAFAIE GROUP, LLC shall be perpetual.

ARTICLE IV

The Limited Liability Company is to be managed by two manager(s), whose address is

FERDOON MOMEN SAFIE
514 NORTH MAIN STREET
GAINESVILLE FL 32601

MOHAMMAD RAJAEI
241 NE 39TH AVE
GAINESVILLE FL 32609

ARTICLE V

The beginning members of this limited liability company shall be:

FERDOON MOMEN SAFIE
514 NORTH MAIN STREET
GAINESVILLE FL 32601

MOHAMMAD RAJAEI
241 NE 39TH AVE
GAINESVILLE FL 32609

Additional member shall be admitted upon majority vote of existing members.

ARTICLE IV

In the event that any one member of the limited liability company can no longer serve as a member, due to death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, the remaining member of the limited liability company shall be authorized to continue the business.

I HEREBY CERTIFY that the facts set forth herein are true and correct to the best of my knowledge, information and belief.


MOHAMMAD RANAEE, member

**CERTIFICATED OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608-412 OR 608-507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

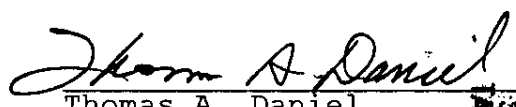
1. The name of the limited liability company is:

SAFAIE GROUP, LLC

2. The name and the Florida street address of the registered agent is:

Thomas A. Daniel
623 North Main Street
Gainesville, FL 32601

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 relation to the proper and complete performance of my duties, and i am familiar with the accept the obligation of my position as registered agent.


Thomas A. Daniel

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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