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

From: Account Name : A.A.ALI, CPA
Account Number : 120000000192
Phone : (407) 298-3900
Fax Number : (407) 290-0660

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA LIMITED LIABILITY CO.
F AND E INVESTMENTS, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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D. BRUCE

DEC 23 2010

EXAMINER

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

F AND E INVESTMENTS, 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:

Street Address: 1322 N. PINE HILLS RD, ORLANDO FL 32808

Mailing Address: P.O. Box 025307 #POS 5895 Miami, FL 33102-5307

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:

A. A. ALI CPA
1322 N. PINE HILLS RD
ORLANDO, FL 32808

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..



AKBAR ALI/ Registered Agent's Signature

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

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

"MGR" = Manager
"MGRM" = Managing Member

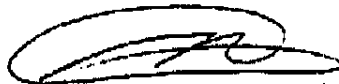
ANDY MAHADEO, MGRM
P.O. Box 025307
#POS 5895
Miami, FL 33102-5307

SABRINA GRAHAM, MGR
3253 SOCKS CROFT ROAD
MIRAMAR, FL 33025

ARTICLE V: Effective date, if other than the date of filing: DECEMBER 20, 2010

(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.)

ANDY MAHADEO

Typed or printed name of signer

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