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Florida Department of State
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.

ALT-1 LLC

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

In compliance with Chapter 608 and/or 621, F.S.

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ARTICLE I NAME

The name of the Limited Liability Company is:

ALT-1 LLC

ARTICLE II ADDRESS

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

1949 A1A S

ST AUGUSTINE, FLORIDA 32080

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

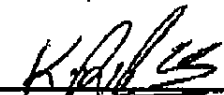
The name and the Florida street address of the registered agent are:

KAMLESHKUMAR PATEL

1949 A1A S

ST AUGUSTINE, FLORIDA 32080

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 

KAMLESHKUMAR PATEL / Registered Agent's signature

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ALT-1 LLC

ARTICLE IV MANAGEMENT

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

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

KAMLESHKUMAR PATEL

5019 FALLEN TIMBER WAY

INDIAN HEAD, MARY LAND 20640


MANAGING MEMBER

JAVANIKABEN PATEL

5019 FALLEN TIMBER WAY

INDIAN HEAD, MARY LAND 20640

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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.

KAMLESHKUMAR PATEL

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