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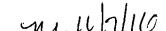
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COVER LETTER

TO:	TO: Registration Section Division of Corporations	
SUBJE	Major Technologies LLC Name of Limited Liability Company	
The end	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Mark Frye Name of Person	
	Name of Person	
	Major Technologies LLC Firm/Company	
	14237 Sahalee Lane	
	Address	
	Octando, Florida 32828 City/State and Zip Code Marke majortech nologies com E-mail address: (to be used for future annual report notification)	
	City/State and Zip Code	
	marke majortech nologies com	
F 6 4		
For furth	er information concerning this matter, please call:	
	Mark Frye at (407) 382-6410	
	Name of Person Area Code Daytime Telephone Number	
Enclose	ed is a check for the following amount:	
	Filing Fee \$\sqrt{\$130.00 Filing Fee & \sqrt{\$155.00 Filing Fee & \sqrt{\$160.00 Filing Fee,}}	
_]•	Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Street Address	
	New Filing Section Division of Corporations New Filing Section Division of Corporations	
	P.O. Box 6327 Clifton Building	
	Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF MAJOR TECHNOLOGIES, LLC.

ARTICLE I - NAME

The name of the limited liability company is Major Technologies, LLC. ("company").

ARTICLE II - ADDRESS

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

Principal Office Address: 14237 Sahalee Lane Orlando, Florida 32828 Mailing Address: 14237 Sahalee Lane Orlando, Florida 32828

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Mark Frye 14237 Sahalee Lane Orlando, Florida 32828

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 605, F.S.

Mark Frye

ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"MGR" = Manager
"AMBR" = Authorized Member

AMBR

Mark Frye

14237 Sahalee Lane Orlando, Florida 32828

AMBR

Julie Frye

14237 Sahalee Lane Orlando, Florida 32828

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Mark Frye

Typed or printed name of signee

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