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From:

Division of Corporations

Fax Number

: (850)205-0383

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

LIMITED LIABILITY COMPANY

north american management enterprises, l.l.c.

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$160.00 |

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| ARTICLES OF ORG | ANIZATION FOR | FLORID | A LIMITI | ED LIABILI | ITY COMPANY |
|---|----------------------------------|-------------------------|---------------------|---------------|--------------------|
| ARTICLE I - Name: The name of the Limit | ted Liability Company | is: | | | |
| North American Ma | nagement Enterpri | ses, L.I | i,C. | | |
| ARTICLE II - Addre The mailing address a | ess: nd street address of the | : principal | l office of th | e Limited Lia | bility Company is: |
| Principal Office Add | ress: | <u>Mail</u> | ling Addres | <u>is:</u> | |
| 1835 E. Hallard | ale Beach Blvd., | #339 s a | nu c | | |
| Hallandale, Flo | rida 33009 | | | | |
| ARTICLE III - Regis | itered Agent, Register | red Office | e, & Registe | ered Agent's | Signature: |
| The name and the Flor | ida street address of th | i e register | ed agent are | ;; | |
| , , | Markera Galusty | yant s | | | |
| • 4 | Nar | me | | | |
| | 1835 E. Halland | dale Bea | ch Blvd., | #339 | |
| | Florida street | address (P (| O. Box <u>NOT</u> s | wceptable) | |
| | Hallandale | FI | 33009 | | |
| | City, Stat | e, and Zip | | | |

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 fall 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 60%, F.S.

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

75:58 LEB-11-5002



ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | | Name and Address: | | | | | |
|--|---|--|---------------------|----------|--|--|--|
| "MGR" = Manage "MGRM" = Mana | | | | | | | |
| Mrg | | Markera Galustyants | | | | | |
| · | - | 1835 E. Hallandale Beach Blvd., #339 | | | | | |
| | | Hallandale, Florida 33009 | | | | | |
| MGRM | | Markera Galustyants | | | | | |
| ······································ | - | 1835 E. Hallandale Beach Blv | d., #339 | | | | |
| | | Hallandale, Florida 33009 | | | | | |
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| | ouni arucie musi de : | added if an effective date is requested. | • | | | | |
| REQUIRED SIGN | NATURE: | | | - | | | |
| • | | 01-4 | | • | | | |
| | | (stores | | | | | |
| s | ignature of a member or | an authorized peresentative of a member. | = | | | | |
| () ¢ | in accordance with section f this document constitutes that the facts stated herein | 608.408(3), Florida Statutes, the execution as affirmation under the penalties of perjury a are true.) | | | | | |
| | Marke | era Galustyants | 20 SE FAL | | | | |
| | Typed | or printed name of signee | CR AS | | | | |
| Filing Fees; | · | .= - | FEB RETA AHAS | - | | | |
| \$125 00 Filipa Faa | for Articles of Organizat | for and Presidentia | | | | | |
| of Registe | red Agent | non and tressitiation | | | | | |
| 5 30.00 Certified (| Copy (Optional) | | | <u> </u> | | | |
| 5.00 Certificate | of Status (Optional) | | | للبيينة | | | |

Page 2 of 2