

205000092328

Florida Department of State
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DIVISION OF CORPORATIONS

To: Division of Corporations
Fax Number : (850) 205-0383
From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

aram zoba 706 llc

AL

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

SEP 19 2005
STATE OF FLORIDA

3

ARTICLE I - Name:
The name of the Limited Liability Company is:

ARAM ZOBA 706 LLC

Article II - Address:
The mailing address and street address of the principle office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

18206 COLLINS AVE
SUNNY ISLES, FL
33160

18206 COLLINS AVE
SUNNY ISLES, FL
33160

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

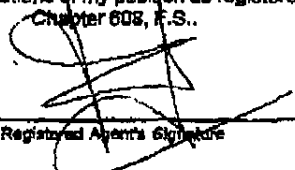
The name and the Florida street address of the registered agent are:

FERNANDO ALPERN
Name

18206 COLLINS AVE
Florida street address (P.O. Box NOT acceptable)

SUNNY ISLES, FL 33160
City, State, 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 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.


Registered Agent's Signature

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HULLWOOD 1

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

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR

Ariel Muaphra
18206 Collins Ave
Sunny Isles, FL 33160

MGR

Yoel Antebi Zacca
18206 Collins Ave
Sunny Isles, FL 33160

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

FERNANDO ALPERN

Typed or printed name of signee

LEIPERSON

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