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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 : CSH SERVICES, LLC
Account Number : T20070000160
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RECEIVED
10 MAY 28 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
AiShaDa by Jane LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

10 MAY 28 PM 3:10
SECRETARY OF STATE
DIVISION OF CORPORATIONS

74-10000126088-3

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

In compliance with Chapter 608, F.S.

10 MAY 28 PM 3: 10

SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

ARTICLE I NAME

The name of the Limited Liability Company is:

AISHADA BY JANE LLC

ARTICLE II ADDRESS

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

1101 NE 191ST STREET #405
NORTH MIAMI BEACH, FLORIDA 33179

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

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

AIDA PHILLIPS
1191 NE 191ST STREET
NORTH MIAMI BEACH, FLORIDA 33179

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 Aida Phillips
AIDA PHILLIPS / Registered Agent's signature

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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

ANITA NOSOVSKY

1101 NE 191ST STREET #405

NORTH MIAMI BEACH, FLORIDA 33179

MANAGING MEMBER

AIDA PHILLIPS

1101 NE 191ST STREET #405

NORTH MIAMI BEACH, FLORIDA 33179

.....

X Anita Nosovsky

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.

ANITA NOSOVSKY

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