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To: Division of Corporations
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Effective Date 10/17/12

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FLORIDA LIMITED LIABILITY CO.
MOHIN FAMILY SAVINGS, LLC

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**Articles of Organization
of
Mohin Family Savings, LLC**

The undersigned natural person(s), of the age of eighteen years or more, acting as organizers of a limited liability company under the State of Florida Limited Liability Company Act, adopt(s) the following Articles of Organization for such limited liability company.

Article 1. Name of Limited Liability Company

The name of this limited liability company is Mohin Family Savings, LLC

Article 2. Registered Office and Registered Agent

The initial registered office of this limited liability company and the name of its initial registered agent at this address are:

The Law Offices of Max A. Adams, Esq., PLLC
325 Almeria Avenue
Coral Gables, FL. 33134

Article 3. Statement of Purposes

The purposes for which this limited liability company is organized are:

Any and all lawful business.

Article 4. Management and Names and Addresses of Initial Manager

This will be a member-managed company. The name and address of each managing member are as follows:

Title: MGRM
Name: Geetika Mohin
Address 900 Bay Drive, Apt. L-11
Miami Beach, Florida 33141

Article 5. Principal Place of Business of the Limited Liability Company

The principal place of business of the limited liability company shall be:

Address 900 Bay Drive, Apt. L-11
Miami Beach, Florida 33141

Article 6. Period of Duration of the Limited Liability Company

The period of duration of the limited liability company shall be:

"Perpetual"

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Article 7. Company Existence

The Company's existence shall begin effective as of 10/17/12

The authorized members executed these Articles of Organization on 10/17/2012.



Max A. Adams, Attorney in Fact

10/17/12
DATE

STATEMENT OF REGISTERED AGENT


LIMITED LIABILITY COMPANY:

MOHIN FAMILY SAVINGS, LLC

REGISTERED AGENT/OFFICE:

The Law Offices of Max A. Adams, Esq., PLLC
325 Almeria Avenue
Coral Gables, FL. 33134

I agree to act as registered agent to accept service of process for the company named above at the place designated in this Statement. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.



The Medi-Law Firm, by
Max A. Adams, Attorney in Fact

10/17/12
DATE

Registered Agent for
MOHIN FAMILY SAVINGS, LLC

Date: 10/17/12

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