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COVER LETTER

Division of Corporations
SUBJECT: 2083627 Florida LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBIN I Willner, ESQ.
Name of Person
Robin I. Willher, P.A.
3500 Mystic Pointe Drive #2208
Address
Aventura, FL 33180
Aventura, FL 33180 rwillner Duell South. net E-mail address: (to be used for future armus report portification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robin J. Willne (at 305) 794-8185
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations
P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2883627 FLOVIDA LL
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
322 Buchanan Street Apt # PH-A5 HM/I/JWO Od, FL 3301	5500 Mar Donald Avenue Suite #- 1402 Cote St. ive, Quebas Canada H3x 2WS
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent	are:
Robin I	. Willher, Esq.
3500 Mys	to Pointe Dr. #2208
Florida street address (P.O.	. Box NOT acceptable)
Aventura	FL 33180
	State Zip
Having been named as registered agent and to accept service of p place designated in this certificate, I hereby accept the appointme further agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position as regi	nt as registered agent and agree to act in this capacity. I to the proper and complete performance of my duties, and I

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

16 JUN IL PH 8: 07

itle: AMBR" = Authorized Member	Name and Address:
MGR" = Magager	Maoni Blicker
1161	5500 Mardonald Ave. # 1602
•	Cote St. Luc. Duebec, Canada
1 1 1 8 R	Sandra Blicker H3X
101000	5500 Macdonald Ave #1602
MOR	CHANGE BLOKE H3X 20
Mor	Statiley Oricles
	Cole St. Luc, Que Dec, Canada H3K2
	nsk2
	
V: Effective date, if other than the d tive date is listed, the date must be filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
V: Effective date, if other than the detive date is listed, the date must be filing.) the date inserted in this block does not ent's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
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