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Florida Department of State
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FLORIDA LIMITED LIABILITY CO.
HALYCON 713 ENTERPRISES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Halycon 713 Enterprises, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2212 S.W. 22nd Ave.
Miami, FL 33145

Mailing Address:

2212 S.W. 22nd Ave.
Miami, FL 33145

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Raymond J. Zomerfeld, CPA
Name

355 Alhambra Circle, Suite 1100
Florida street address (P.O. Box NOT acceptable)

Coral Gables FL 33134
City State Zip

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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 605, F.S.

[Handwritten Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

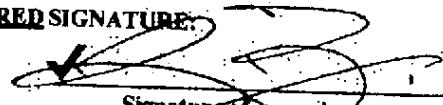
<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR _____	IMG713, LLC 2212 S.W. 22nd Ave. Miami, FL 33145
MGR _____	YAR MANAGEMENT, LLC 355 Alhambra Circle, Suite 1100 Coral Gables, FL 33134
AMBR _____	IAFUM 127, LLC 601 N.E. 36th St. #1806 Miami, FL 33137
AMBR _____	HYBA, LLC 429 Lenox Avenue, Suite 442 Miami Beach, FL 33139
AMBR _____ (Use attachment if necessary)	LANDR LLC 770 Cloughton Island Drive, #1501 Miami, FL 33131

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Raymond J. Zomerfeld, CPA
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)