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Florida Department of State

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Division of Corporations

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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

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DIVISION OF CORPORATION

## LIMITED LIABILITY COMPANY

88 acquisitions llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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2005 APR 12 A 7:43  
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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

88 Acquisitions LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1100 West Avenue, #1211

Miami Beach, FL 33139

**Mailing Address:**

1100 West Avenue, #1211

Miami Beach, FL 33139

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

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

Jesper Arnoldsson

Name

1100 West Avenue, #1211


Florida street address (P.O. Box NOT acceptable)

Miami Beach, FL 33139

FL

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

(CONTINUED)

Page 1 of 2

H05000089546

H05000089546  
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**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

2005 APR 12 A 7:43  
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Title:  
"MGR" = Manager  
"MGRM" = Managing Member

Name and Address:

MGR

Jesper Arnoldsson  
1100 West Avenue, #1211  
Miami Beach, FL 33139

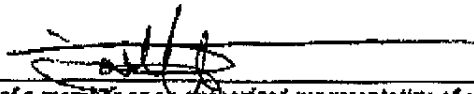
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(Use attachment if necessary)

**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.)

Jesper Arnoldsson

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)

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