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FILED 1005 JUN -2 P 2: 12 SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporation	ons				
SUBJECT: FAMINIKIAN H					·
	(Name of Limite	d Liability Com	pany)		
The enclosed Articles of Organ	ization and fee(s) are s	ubmitted for fili	ng.		
Please return all correspondence	e concerning this matte	er to the followir	ıg:		
FAITH BANDK					
	a	Name of Person)			
	·····				
	(Firm/Company)			
11500 S.W. 131 A	VENUE				
		(Address)		<u> </u>	
MIAMI, FL 3	3186				
	(City/	State and Zip Cod	le)		
For further information concern	ing this matter, please	call:			
IVAN I. SAFRA, CPA		at (305	、279-6363		
(Name of Perso			de & Daytime Tel	lephone Number)	
				₹ ₁₀	~
Enclosed is a check for the fo	ollowing amount:			L CC	3 -n
	130.00 Filing Fee & ficate of Status	☐ \$155.00 F Certified Cop	_	S160.50-Fi	
		(additional copy	•	Certified Cep (additional copy)	y is endlosed)
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STREET ADDRESS: Registration Section			Registration Se		~
Division of Corporations			Division of Con		
409 E. Gaines Street Tallahassee, Florida 32399			P.O. Box 6327 Tallahassee, Flo		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	is:
FAMINIKIAN HOLDINGS, LLC	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11500 S.W. 131 AVENUE, MIAMI, FL 33186	SAME_
	and the state of t
ARTICLE III - Registered Agent, Registere	ed Office, & Registered Agent's Signature:
The name and the Florida street address of the	e registered agent are:
FAITH BANDKLAYDER	
Nam	ne
11500 S.W. 131 AVENUE	
Florida street a	ddress (P.O. Box NOT acceptable)
MIAMI, FL 33186	FL
City, State	e, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited at this certificate, I hereby accept the appointment as sity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S. at Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	FAITH BANDKLAYDER	
	11500 S.W. 131 AVENUE	
•	MIAMI, FL 33186	

ARTICLE V - Effective Date

The effective date of this LLC will be May 31, 2005.

(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.)

FAITH BANDKLAYDER

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)