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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : AGENTS AND CORPORATIONS, INC.
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-1642

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FLORIDA LIMITED LIABILITY CO.
1030 EMERALD DRIVE LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	$125.00

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S. GILBERT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

1030 EMERALD DRIVE LLC
(Must end with 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:
19370 COLLINS AVE, #912
SUNNY ISLES BEACH, FL 33160

Mailing Address:
19370 COLLINS AVE, #912
SUNNY ISLES BEACH, FL 33160

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:

AGENTS AND CORPORATIONS, INC.
Name

300 FIFTH AVENUE SOUTH SUITE 101-330
Florida street address (P.O. Box NOT acceptable)

NAPLES FL 34012
City 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 605, F.S.

Agents and Corporations, Inc.
By: Brian Crawford
Registered Agent's Signature (Required)
Brian C Crawford, Asst. Secretary

(CONTINUED)

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

Title "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	CHRISTOPHER TROESCH 19370 COLLINS AVE, #912 SUNNY ISLES BEACH, FL 33160
MGR	ANASTASIYA VORONINA 19370 COLLINS AVE, #912 SUNNY ISLES BEACH, FL 33160

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/15/15 (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.)~~

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

CHRISTOPHER STEPHEN TROESCH
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)