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**Florida Department of State
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

LIMITED LIABILITY COMPANY

odanna LLC.

Certificate of Status	0
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DIVISION OF CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR
ODANNA L.L.C.,
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I-Name:

The name of the Limited Liability Company is:

ODANNA L.L.C.

ARTICLE II- Address:

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

**407 LINCOLN ROAD, SUITE # 504
MIAMI BEACH, FLORIDA 33139**

ARTICLE -III-

Registered Agent, Registered Office, & Registered Agent's Signature:

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

**THOMAS G. SHERMAN, ESQ., P.A.
218 ALMERIA AVENUE
CORAL GABLES, FLORIDA 33134**

**ARTICLE IV
PURPOSE**

The limited liability company shall have the authority to engage in any activity or business permitted under the laws of the United States and of the law of the State of Florida, and the law of any other jurisdiction wherein it may conduct business. This limited liability company may conduct business within or without the State of Florida anywhere in the world that it may so select.

**ARTICLE V
VOTING**

Votes of the members shall be in proportion to their contributions to the capital of the limited liability company as adjusted from time to time, to properly reflect any additional contributions or withdrawals of capital by the members.

**ARTICLE VI-
Management (Check box if applicable)**

 The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

 X The Limited Liability Company is to be managed by its members and is, therefore, a member-managed company.

CLERK OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VII
MEMBERS

The Managing Members of the Limited Liability Company are:

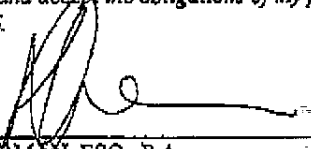
1. Yohann Kadoche
407 Lincoln Road, Suite # 504
Miami Beach, FL 33139
2. Avy Azeroval
1111 Biscayne Blvd, Suite # 119
North Miami, FL 33181



Print Name: Thomas G. Sherman
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.)

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.



THOMAS G. SHERMAN, ESQ., P.A.
REGISTERED AGENT'S SIGNATURE

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TALLAHASSEE, FLORIDA

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