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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

LIMITED LIABILITY COMPANY
EYES WIDE SHUT LLC.

Certificate of Status	0
Certified Copy	1
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JP 9-03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EYES WIDE SHUT LLC

ARTICLE II - Address:

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

1717 N. BAYSHORE DR., SUITE 215, MIAMI FL. 33132

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

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

Dennis R. Bedard
1717 North Bayshore Drive
Suite 215
Miami, Florida 33132

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

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STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF MIAMI

Article IV - 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.

(An additional article must be added if an effective date is requested)

[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.)

DENNIS R. BEDARD
Typed or printed name of signer

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