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Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| (Corporation Name) | (Document #) | 4000045391444 -08/17/0101010001 ****160.00 ****160.00 |
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| (Corporation Name) Walk in Pick up time | (Document #) | ALEAN AND THE |
| Mail out Will wait | Photocopy | Certificate of Status |
| NEW FILINGS | AMENDMENTS | NDA. |
| Profit Not for Profit Limited Liability Domestication Other | Amendment Resignation of F Change of Regis Dissolution/With Merger | |
| OTHER FILINGS | REGISTRATION/O | QUALIFICATION (|
| Annual Report Fictitious Name | Foreign Limited Partners Reinstatement Trademark Other | ship |
| | | |

CR2E031(7/97)

Cover letter

A Gallery LLC.

361 Collins Auc #9

Miami FL 33139

Timothy Barry 361 Collins Ave #9 Miami FL 33139 305-496-8269

FILED

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TALL AHASSEE FLANDING

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|---|
| The name of the Limited Liability Company is: | |
| A Gallery LLC. | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability C 361 Collins Aue #9 Wiami FL 33139 | Company is: |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signat | ture: |
| The name and the Florida street address of the registered agent are: | |
| Name Sol Collins Ave 43 Florida street address (P.O. Box NOT acceptable) Mia Wi City, State, and Zip | |
| Having been named as registered agent and to accept service of process for the above so liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 60 Registered Agent's Signature Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more management therefore, a manager - managed company. | rovisions of all ar with and SECRETARY OF |
| (An additional article must be added if an effective date is requested) Signature of a member of 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.) Typed or printed name of signee Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) |) |