Request Name 0000 19735 Address

City/State/Zip

Phone #

300004674013---7 -11/09/01--01038--008 *****125.00 *****125.00

Office Use Only

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

| 1. HZO DREAMS WE | C | |
|--|---|------------------------------|
| (Corporation Name) | (Document #) | , w 12 E |
| 2. (Corporation Name) | (Document #) | |
| 3. (Corporation Name) | (Document #) | |
| 4. (Corporation Name) | (Document #) | • . • |
| Walk in Pick up time Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability | Photocopy Certified Copy Certificate of Statu AMENDMENTS Amendment Resignation of R.A., Officer/Director | FILED SOUNDS - 9 PMI2: 59 |
| Domestication Other | Change of Registered Agent Dissolution/Withdrawal Merger | (6 |
| OTHER FILINGS Annual Report Fictitious Name | REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other | |

CR2E031(7/97)

Examiner's Initials

. ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: #70 Daems "LCC" |
|---|
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 1312 8 FST. Reg West, FL. 33040 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: |
| The name and the Florida street address of the registered agent are: |
| Stu Cox Name |
| Name 10764 Lichnon Oll. Florida street address (P.O. Box NOT acceptable) |
| Cooper City FL 33076 City, State, and 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 608, F.S. Registered Agent's Signature |
| 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 of a member or an authorized representative of a member. |
| D 55 |
| (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.) |
| Stephen J. Clark 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) |