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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

molli l.Lc.

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02 AUG 26 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

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(3)

**Articles of Organization for
Florida Limited Liability Company**

ARTICLE I
Name

The name of the Limited Liability Company is:

MOLLI L.L.C.

ARTICLE II
Address

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

10 VENETIAN WAY #1501
MIAMI BEACH, FLORIDA

ARTICLE III
Duration

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV
Management

(check and complete the appropriate statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are: **Jenny Molina.**

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing members(s) is/are: _____

ARTICLE V
Admission of Additional Members

The right, if given of the remaining members to admit additional members and the terms and conditions of the admissions shall be set forth in the Regulations of the limited liability company.

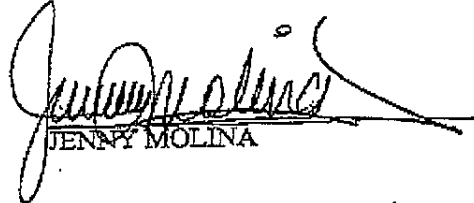
*This instrument prepared by: Ana Maria Angulo, Attorney, 2151 South LeJeune Road,
Suite 310, Coral Gables, Florida 33134*

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ARTICLE VI
Members Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be set forth in the regulation of the limited liability company.


JENNY MOLINA

<In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Certificate of Designation of Registered Agent/Registered Office.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

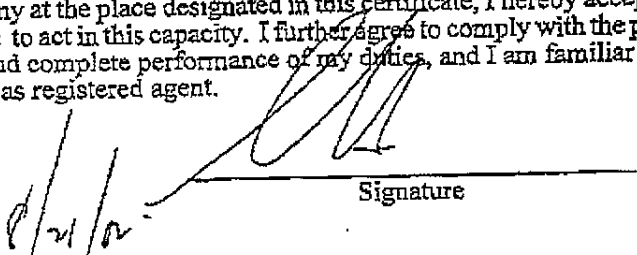
PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE OF THE STATE OF FLORIDA.

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1. The name of the limited liability company is **MOLLI L.L.C.**
2. The name and address of the registered agent and office is:

Ana Maria Angulo, Atty.
5975 Sunset Dr. #503
South Miami, Florida 33143

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.


Signature

Date: 8/21/08

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