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To:
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From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
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RECEIVED
03 APR -2 AM 7:10
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

GOLDEN ELVES RES. & MAGMT. SERVICES, LLC

FILED
03 APR -1 AM 9:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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(3)

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

GOLDEN ELVES RES. & MAGMT. SERVICES, LLC.

ARTICLE I

The name of the Limited Liability Company shall be: **GOLDEN ELVES
RES. & MAGMT. SERVICES, LLC.**

ARTICLE II

The Company is organized for any legal and lawful purpose for which a
limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited
Liability Company is: C/O BOVARNICK, P.O. BOX 811359, BOCA RATON, FL
33481-1359.

ARTICLE IV

The name and the Florida street address of the registered agent are:
BENNETT BOVARNICK, 3945 N.W. 27 AVENUE, BOCA RATON, FL
33434.

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TALLAHASSEE FLORIDA

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE

GOLDEN ELVES RES. & MAGMT. SERVICES, LLC.
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Bennett Bovarnick
Registered Agent

Bennett BOVARNICK
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.)

BENNETT BOVARNICK
Typed or printed name of signee

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