DIVISION OF CORPORATIONS

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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number : 072450003255 : (305)634-3694 Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

AJN, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

AJN, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
1716 Harrison Street, Hollywood, Florida 33020

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

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

John G. George, Esq.

Name

315 Southeast Seventh Street, First Floor

Plorida street address (P.O. Box NOT acceptable)

Fort Lauderdale PL 33301

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 positionar registered agent as provided for in Chapter 608, F.S.

Repistered Agent's Signature

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

Signaturg of a member or an authorized representative of a member.

(In accordance with section 508.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjusy that the facts stated herein are true.)

Joseph Difeo
Typed or printed name of signee

Filing Fees:
5100.00 Filing Fee for Articles of Organization
5 25.00 Designation of Registered Agent
5 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)

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