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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

: (305)634-3694

Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

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ARTICLES OF ORGANIZATION



FOR

EQUITY TWO, LLC

ARTICLE I. - NAME:

The name of this Limited Liability Company ("Company") shall be:

EQUITY TWO, LLC

ARTICLE II. - ADDRESS

The mailing address and street address of the principal office of the Company is: c/o Michael Samuel, 1159 Hillsboro Mile, Hillsboro Beach, Florida 33062.

ARTICLE III. - DURATION

The period of duration for the Company shall be perpetual unless dissolved according law.

ARTICLE IV. - MANAGEMENT

The Company is to be managed by a manager. The name and address of the initial manager of the Company is:

Michael Samuel 1159 Hillsboro Mile Hillsboro Beach, Florida 33062

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

ignature of Manager

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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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- The name of the limited liability company is: EQUITY TWO, LLC
- 2. The name and the Florida street address of the registered agent are:

MICHAEL SAMUEL

1159 Hillsboro Mile
Florida street address (P.O. BOX NOT ACCEPTABLE)

Hillsborg Beach, Florida 33062

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

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