Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000307665 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (650)205-0383

Prom:

Account Name

: CORPORATE & CRIMINAL RESEARCH SERVICES

Account Number : 110450000714

Phone

: (850)222-1173

Fax Number : (850)224-1640

20773

LIMITED LIABILITY COMPANY

A TOUCH OF SEASONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Manu.

Cornorate Filing

Rublic Access Help

ARTICLES OF ORGANIZATION OF

A TOUCH OF SEASONS, LLC A Florida Limited Liability Company

ARTICLE I

The name of the limited liability company is A TOUCH OF SEASONS, LLC (the "Company").

ARTICLE II Principal Office

The mailing address and street address of the principal office of the Company is One S.E. Third Avenue, Suite 1940, Miami, Florida 33131.

ARTICLE III Registered Agent and Office

The name and Florida street address of the limited liability company's registered agent is CorpDirect Agents, Inc., 103 N. Meridian Street, Lower Level, Tallahassee, Florida 32315.

ARTICLE IV Duration

The period of duration for the Company shall be perpetual.

ARTICLE V Management

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

Sylvia Katz One S.E. Third Avenue Suite 1940 Mismi, Florida 33131

ARTICLE V1 Admission of Additional Members

The limited liability company shall have at least one member. The limited liability company may admit additional members in accordance with the provisions of the operating agreement of the company.

15:26

D03

ARTICLE VII Members' Rights to Continue Business

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not occurrence the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

MANAGER:

SYLVILKATZ

H030003076653

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.407 OR 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: A TOUCH OF SEASONS, LLC.
- The address of the registered agent and office is CorpDirect Agents, Inc., 103 N. Meridian Street, Lower Level, Tallahassee, Florida 32315.

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.

Print Name: fatricia Tadlock Title: Assistant Secretary