Division of Corporations Public Access System

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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

SIVISIDA SE CUM DRATION

LIMITED LIABILITY COMPANY

DEVON FAMILY ENTERPRISES, LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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Corporate Filing

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEVON FAMILY ENTERPRISES, LLC

ARTICLE II - Address:

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

676 WEST PROSPECT ROAD FT. LAUDERDALE, FL 33309

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

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

JEFFREY DEVON 676 WEST PROSPECT ROAD FT. LAUDERDALE, FL 33309

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

Chapter 608, F.S.

Registered Agent's Signature

am familiar with and accept the obligations of my position aspegistered agent as provided for in

ARTICLE IV - Management (Check box if applicable).

The Limited Liability Company is to be managed by one manager or more managers and

therefore, a manager - managed company.

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

Signature of a member or an authorised representative of a member.

(In accordance with section 608.408(3). Morida Statutes, the execution of this document constitutes an affirmation under the parallels of perjury that the facts stated herein are true).

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