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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : HUBCO

Account Number : 104662003400 : Phone : (516)935-3940

Phone : (516) 935-3940 Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

Argonaut Investments LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Argonaut Investments LLC

ARTICLE II - Address

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

Principal Office Address:	Malling Address:
1521 Alton Rd, Suite 135	1521 Alton Rd, Suite 135
Miami Beach, FL 33139	Miami Beach, FL 33139
	•

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are:

Name

1521 Alton Rd, Suite 135

(P.O. Box or Mail Drop Box NOT Acceptable)

Miami Beach, FL 33139

(City / State / Zip)

SECRETARY UI STALL AHASSEF, STORIG

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 as provided for in Chapter 608, F.S.

Registered Agent's Signature - Jason Grimes

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ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

	• •
<u>Title:</u> "MGR"=Manager "MGRM"=Managing Member	Name and Address:
MGRM	Jason Grimes-1521 Alton Rd, Suite 135, Miami Beach, FL 33139
MGRM	Armando Jimenez - 3851 E Thunderbird Rd, #111-207. Miami Beach, FL 33139
(Use attachment if necessary)	
REQUIRED SIGNATURE:	
Signatur	e of a member or authorized representative of a member.
	ance with section 608.408(3), Florida Statutes, the execution of this
document c	constitutes an affirmation under the penalties of perjury that the facts in are true.)

Jason Grimes

Typed or printed name of signee

34 MAR 26 PM 12: 4.1 SECRETARY OF STATE