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Fax Number : (850)205-0383

From: Account Name : FILLINGS, INC.  
Account Number : 072720000101  
Phone : (850)385-6735  
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**LIMITED LIABILITY COMPANY**

**6917 COLLINS, LLC**

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**ARTICLES OF ORGANIZATION  
FOR  
6917 COLLINS, LLC**

**ARTICLE I**

**NAME**

The name of the Limited Liability Company is:

**6917 Collins, LLC**

**ARTICLE II**

**ADDRESS**

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

**Principal Office Address:**

200 Leslie Drive, #817  
Hallandale Beach, FL 33009

**Mailing Address:**

200 Leslie Drive, #817  
Hallandale Beach, FL 33009

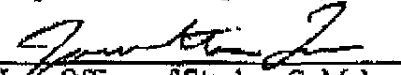
**ARTICLE III**

**REGISTERED AGENT**

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

**Law Offices of Stephen G. Melcer  
4800 North Federal Highway, Suite 300-D  
Boca Raton, Florida 33431**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in these Articles, I hereby accept the appointment of 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 in Chapter 608, Florida Statutes.

  
\_\_\_\_\_  
Law Offices of Stephen G. Melcer

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**ARTICLE IV**

**MANAGING MEMBER**

The name and address of the Managing Member is as follows:


**Title:**

**Name and Address:**

MGRM

Peter Anthony Zalewski  
200 Leslie Drive, #817  
Hallandale Beach, Florida 33009

In accordance with Section 608.408(3), Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
Jonathan D. Louis  
Authorized Representative

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