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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

LIMITED LIABILITY COMPANY

samuel 3110, lic

Certificate of Status	0
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ARTICLES OF ORGANIZATION



FOR

SAMUEL 3110, LLC

ARTICLE I. - NAME:

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

SAMUEL 3110, LLC

EURETARY ULAHASSEE

ARTICLE II. - ADDRESS

The mailing address and street address of the principal office of the Company is: c/o Michaelo Samuel, 3110 NE 2nd Avenue, Miami, Florida 33137.

ARTICLE III. - DURATION

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

ARTICLE IV. - MANAGEMENT

The Company is to be managed by its manager(s). The name and addresse of the initial manager of the Company is:

Michael Samuel 3110 NE 2nd Avenue Miami, Florida 33137

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affurmation under the penalties of perjury that the facts stated herein are true.)

Signature of a Member Representative

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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.

- 1. The name of the limited liability company is: SAMUEL 3110, LLC
- 2. The name and the Florida street address of the registered agent are:

MICHAEL SAMUEL.

3110 NE 2nd Avenue
Florida strest address (p.o. Box NOT ACCEPTABLE)

Miami, Florida 33137 CITY, STATE AND ZIP OLMAY 17 AM 8: 47
SECRICIARY OF STAIL

Having been named at 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 didies, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE

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