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Florida Department of State  
Division of Corporations  
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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

06/07/04

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**LIMITED LIABILITY COMPANY**

**samuel hemingway, llc**

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

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ARTICLES OF ORGANIZATION

FOR

SAMUEL HEMINGWAY, LLC

3

ARTICLE I - NAME:

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

SAMUEL HEMINGWAY, LLC

ARTICLE II - ADDRESS

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

ARTICLE III - DURATION

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

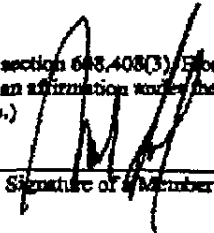
ARTICLE IV - MANAGEMENT

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

Michael Samuel  
3110 NE 2<sup>nd</sup> Avenue  
Miami, Florida 33137

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(In accordance with section 605.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation 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 HEMINGWAY, LLC**
- 2. The name and the Florida street address of the registered agent are:

MICHAEL SAMUEL  
NAME

3110 NE 2<sup>ND</sup> AVENUE  
Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33137  
CITY, STATE AND ZIP

*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.*

  
\_\_\_\_\_  
SIGNATURE

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