

Florida Department of State

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To:

Division of Corporations

Fax Number :

: (850)205-0383

Frem

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839

Fax Number : (305)716-0346

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VISION OF CONPORATION

LIMITED LIABILITY COMPANY

LEEJUL INVESTMENTS, LLC.

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LEEJUL INVESTMENTS, LLC.

(MAME OF ORGANIZATION IN FULL)

Mark Land Control of the State THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF ORGANIZATION, EACH A NATURAL PERSON COMPETENT, HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

THE NAME OF THE ORGANIZATION IS:

LEEJUL INVESTMENTS, LLC.

ARTICLE II

THE GENERAL NATURE OF THE BUGINESS TO BE TRANSACTED BY THIS ORGANIZATION IS AS FOLLOWS: TO CONDUCT BUSINESS IN, HAVE ONE OR MORE OFFICES IN, AND BUY, HOLD, SELL, CONVEY, LEASE OR OTHERWISE DISPOSE OF PERSONAL AND REAL PROPERTY, INCLUDING FRANCHISES, TRADEMARKS, PATENTS, COPYRIGHTS, LICENSES, IN THE STATE OF FLORIDA AND OTHER STATES AND COUNTRIES.

PREPARED BY: OTHEL TURNER & COMPANY, ACCOUNTAINTS. 5787 WEST SUNRISE BLVD. PLANTATION, FL 33313 (954) 583-2205

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ARTICLE TIL

THE INITIAL POST OFFICE ADDRESS OF THIS ORGANIZATION IS

5120 S W 40" AVENUE. UNIT 29

FT LAUDERDALE, FL 33314

BROWARD COUNTY OF FLORIDA. THE MEMBERS, FROM TIME TO TIME, MAY MOVE THE PRINCIPLE OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

ARTICLE IV

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE OF PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGENT FOR SERVICE OF PROCESS.

IN PURSUANCE OF F.S. 48.091, THE FOLLOWING IS SUBMITTED IN COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF PROCESS. OTHER TURNER'S ADDRESS: 5787 W SUNRISE BLVD, PLANTATION FL 33313

ACKNOWLEDGMENT

HAVING BEEN NAMED BY THE ABOVE CORPORATION TO ACCEPT SERVICE OF PROCESS DESIGNATED IN THE ABOVE CERTIFICATE, I HEREBY AGREE TO ACT IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID OFFICE OPEN.

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ARTICLE V

THE NAMES AND POST OFFICE ADDRESSES OF THE MANAGER OF ORGANIATION AND STATEMENT OF THE MANAGER OF ORGANIATION OF THE MANAGER OF ORGANIATION OF THE MANAGER OF ORGANIATION OF THE MANAGER O

Manager's Signatures

STATE OF FLORIDA) COUNTY OF BROWARD) SS

BEFORE ME, THE UNDERSIGNED AUTHORITY, DULY AUTHORIZED TO TAKE CATHS AND RECEIVE ACKNOWLEDGMENTS, PERSONALLY APPEARED LEWORE SILIDER APPEARED BEFORE ME THE PERSON(S) DESCRIBED AS SUBSCRIBER(S) IN THE WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION.

WITNESS MY HAND AND SEAL THIS 30 ME DAY OF

(SIGNATURE OF NOTARY

NOTARY PUBLIC, STATE OF PLORIDA

CAPLA D. FRANKS HY COMPUSSION - DU ZZOAS EXTINES, Jane 18, 2007 Entire Thro Bulget Antay Services

(SEAL)