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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : EAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

LIMITED LIABILITY COMPANY

ARIANA MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARIANA MANAGEMENT, LLC**ARTICLE II - Address:**

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

Principal Office Address:3435 Royal Palm AvenueMiami Beach, FL 33140**Mailing Address:**same**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Michael William Skop, Esq.

Name

12865 West Dixie Highway, Second Floor

Florida street address (P.O. Box NOT acceptable)

North Miami, FLORIDA 33161

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 as provided for in Chapter 608, Florida Statutes..


 Registered Agent's Signature

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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:

Title: **Name and Address:**
"MGR" = Manager
"MGRM" = Managing Member

<u>MGR</u>	Baruch Noam 3435 Royal Palm Avenue Miami Beach, FL 33140
<u>MGR</u>	Cindy Noam 3435 Royal Palm Avenue Miami Beach, FL 33140
<u>MGRM</u>	Maria Bekris-Selky 3435 Royal Palm Avenue Miami Beach, FL 33140
<u>MGRM</u>	Scott Selky 3435 Royal Palm Avenue Miami Beach, FL 33140

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

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

Baruch Noam

Typed or printed name of signee

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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