

Division of Corporations

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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 : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

LIMITED LIABILITY COMPANY

3581 Sw Vincennes, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
3581 Sw Vincennes, LLC

ARTICLE II ADDRESS

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

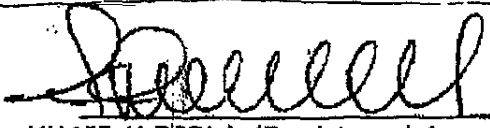
Po Box 245536
Pembroke Pines, FL 33024

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE

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

Khair K Disla
6201 Hollywood Blvd
Hollywood, FL 33024

Having been named as registered agent 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, F.S..


KHAIR K DISLA /Registered Agent's Signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one member or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

Khair K Disla

6201 Hollywood Blvd
Hollywood Florida 33024

David E Kaye

6201 Hollywood Blvd
Hollywood Florida 33024



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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 NOV - 8 9:38

FILED

KHAIR K DISLA

Typed or printed name of signee

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