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DI Fa Division of Corporations

Fax Number : (850)205-0383

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247

Phone : (800) 494-3124

Fax Number

: (305) 675-2811

LIMITED LIABILITY COMPANY

Swann LLC

Certificate of Status	0
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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: Swann LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 822 Weatherly Court Longwood Florida 32750

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Fiorida street address of the registered agent are: Hazel Hoffmann 822 Weatherly Court Longwood Florida 32750

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..

HAZEL HOFFMANN Registered Agent's Signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

ARTICLE V MANAGER (optional)

Manager: Sharon Sylvester 450 E. 20th Street #5C New York, New York 10009

Manager: Hazel Hoffmann 822 Weatherly Court Longwood Florida 32750

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

HAZEL HOFFMANN Typed or printed name of signee

