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| PICK-UP | | WAIT | MAIL |
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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: Savelle Investment Dynamics, LLC (Name of Limited Liability Company) | | | | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Sidney H. Savelle (Name of Person) | | | | |
| Savelle Investment Dynamics, LLC (Firm/Company) | | | | |
| 2451 NE 4 th Avenue (Address) | | | | |
| Pompoino Beach, FL 33064 (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| Siciney H. Sayelle at (954) 942-3033 x216 (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is a check for the following amount: | | | | |
| Enclosed is a check for the following amount: \$\sum_{\text{S125.00}} \text{Filing Fee} \text{ \$\sum_{\text{S130.00}} \text{Filing Fee} & \$\sum_{\text{Certified Copy}} \text{ \$\sum_{\text{Certified Copy}} \$\sum_{\text{Certifie | | | | |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Savelle Investment Dy | namics, LLC | | | |
|--|--|--|--|--|
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is | | | | |
| Principal Office Address: | Mailing Address: | | | |
| 2451 NE 4th Avenue fompano Beach, FL 33064 | 2451 NE 4th Avenue Pompano Beach, FL 33064 | | | |
| ARTICLE III - Registered Agent, Registered | Office, & Registered Agent's Signature: | | | |
| The name and the Florida street address of the r | egistered agent are: | | | |
| Janet Solitt Name | | | | |
| 2451 NE 4+h Florida street add | Avenue Iress (P.O. Box <u>NOT</u> acceptable) | | | |
| Pompano Beach City, State, a | FL 33064 nd Zip | | | |
| liability company at the place designated in to registered agent and agree to act in this capacity statutes relating to the proper and complete pe | nccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and the provision of the control of th | | | |
| Accept the obligations of my position as regis Janet Ase Registered Agent's | Signature Stered agent as provided for in Chapter 60% F.S. | | | |

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|---|--|
| "MGRM" = Managing Member | |
| MGRM | Sidney H. Savelle 2451 NE 4th Avenue fompano Beach, FL 33064 |
| | |
| | |
| (Use attachment if necessary) | |
| NOTE: An additional article must b | e added if an effective date is requested. |
| REQUIRED SIGNATURE: Signature of a member | or/an authorized representative of a member. |
| of this document constituent that the facts stated her | |
| _Sichney F | 1. Save 1/e = = = = = = = = = = = = = = = = = = = |
| Filing Fees: | |
| \$125.00 Filing Fee for Articles of Organi of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) | ization and Designation |