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DIVANDA CORPORATIONS
DIVANDA SSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporation	ns	ec.	• ·	
SUBJECT: ASSO	rted Inves	Stments, LLC d Liability Company)		
The enclosed Articles of Organia	zation and fee(s) are s	ubmitted for filing.		
Please return all correspondence concerning this matter to the following:				
	Peter BI	att	C ₂ C ₃	
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Blatt Legal PLC				
	9	Firm/Company)	Property Park	
(Firm/Company) (Firm/Company) (Good Village Square Crossing Ste 200				
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For further information concerning this matter, please call:				
For further information concerning this matter, please can.				
Votor DIa (Name of Person	<u>#</u>	at (501) (25) (Area Code & Daytime Te	lephone Number)	
Enclosed is a check for the fo	llowing amount:			
	30.00 Filing Fee & acate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
STREET ADDRESS: Registration Section		MAILING ADDRESS: Registration Section		

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION OF ASSORTED INVESTMENTS, LLC

A Florida Limited Liability Company

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, Chapter 608, Laws of Florida.

ARTICLE I Name

The name of the Limited Liability Company is ASSORTED INVESTMENTS, LLC.

ARTICLE II Address

The mailing address and street address of the principal office of the Limited Liability Company is 11891 U.S. Highway 1, Suite 201, North Palm Beach, Florida, 33408.

ARTICLE III Purpose

The purpose of the LLC is to own, sell, lease, hypothecate, encumber and use certain property for the benefit of the members, with the intent of realizing any appreciation in the value of such property, and to engage in any lawful business or investment activity of any kind.

ARTICLE IV Registered Agent and Registered Office

The name and the Florida street address of the Registered Agent is: James Ryan, Esq., 11891 U.S. Highway 1, Suite 201, North Palm Beach, Florida, 33408.

ARTICLE V Membership and Management

The Limited Liability Company is to be managed by its members who shall own their LLC Interests as tenants by the entireties as that form of ownership is recognized by the common law. All decisions requiring action of the members or relating to the business or affairs of the Limited Liability Company will be decided by the unanimous vote or consent of all its members.

ARTICLE VI Commencement

The Limited Liability Company shall commence its existence upon filing with the Secretary of State of the State of Florida.

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.

Date:

My 24, 2005

PETER BLATT,

Authorized representative

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That ASSORTED INVESTMENTS, LLC, desiring to organize under the laws of the State of Florida, has named James Ryan, located at 11891 U.S. Highway 1, Suite 201, North Palm Beach, Florida, 33408, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT:

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, F.S.

Registered Agent Signature

Registered Agent Name