Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

Account Number: 072450003255

Fax Number : (305)633-9696

. (850) 205-0383 : EMPIRE CORPORATE KIT COMPANY OF CORPORATION OF CORPORATION SI TAL LIMITED LIABILITY COMPAN

lia's, llc

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

K m



ARTICLE I - Name:

The name of the Limited Liability Company is:



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE II - Address: | |
|--|--|
| The mailing address and street address o | f the principal office of the Limited Liability Company is |
| Principal Office Address: | Mailing Address: |
| 3531 Griffin Road | Same |
| Ft. Lauderdale, Ft. 33312 | |
| ARTICLE III - Registered Agent, Reg The name and the Florida street address of | of the registered agent are: Of the registered agent are: |
| Hagen & Hagen, P.A. | ASS 24 |
| | Name car |
| 3531 Griffin Road | ਜੂਨ 🖹 |
| Florida s | treet address (P.O. Box NOT acceptable) |
| Ft. Lauderdale | FL Diri - |
| 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, F.S..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

11 - 24 - 28005 11:42

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" = Manag "MGRM" = Man | | | | |
|--|--|-------------------------|--|---|
| Managing Member | 9531 Griffin Road Ft. Lauderdale, FL 33312 | | | |
| | | | | _ |
| | | | | |
| | | | | |
| NOTE: An addi | tity shall be bender blanaged itional article must be added if an effective date is requests | SECRET TALLAHI | NUL 50 | n |
| REQUIRED SIG | Patrick Torbit | ARY OF ST ASSEE, FLO | 24 MIII: 1 | |
| | 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 perjuny that the facts stated herein are true.) | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | Patoirt Zerbis Typed or printed name of signee | | | |

Filing Fres:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

Page 2 of 2

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