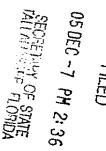


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PICK-UP	☐ WAIT		MAIL	
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Certified Copies	_ Certificate	es of Statu	ıs	
Special Instructions to I	Filing Officer:		·	
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	Office Use O	nly		~ ·



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COVER LETTER

TO: Registration Sec Division of Cor		· · =	-		
SUBJECT:		foldings, LLC I Liability Courpany)	-	_	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
£	Everett B. Cit	you Ju.			
E;	splanede Hold	ings LLC			
	2301 Collie	FirmCompany) Ste. (Address)	417	05 FAL	
		(Address) (A FL 33/3 State and Zip Code)		CRETATY OF STATE	1
	(City/	State and Zip Code)		PH'S	3
For further information of	concerning this matter, please o	call:	;	第38	
Everett	B. Wilson, J.	at (305) 536 (Area Code & Daytime Te	-7069		
(Name	of Person)	(Area Code & Daytime Te	lephone Number)		
Enclosed is a check fo	r the following amount:		-		
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$160.00 Fill Certificate of St Certified Copy (additional copy is	tatus &	
	Mailing Address Peristration Section	Street/Courier Addres	£		

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited L	iability Company is:		
Esplan	ada Holdi	Company" or their abbreviation "LLC," or	
(Must end with the words "Limited	Liability Company, "Limited	Company" or their abbreviation "LLC," or "	'L.C.,")
A POPULOT PORT A ST			
ARTICLE II - Address:	reet address of the pri	ncipal office of the Limited Liabil	ity Company is:
The manning address and so	icet address of the pri	icipal office of the Emitted Elabit	ity Company is.
Principal Office Address	•	Mailing Address:	
2301 Cult	us Ave, sta 417		
Miani Beach	, FL 33139		
	<u> </u>		
(The Limited Liability Company cabusiness entity with an active Flor The name and the Florida:	namot serve as its own Register ida registration.) street address of the re French 3 - (a) Name 2301 (a) Florida street address	ess (P.O. Box NOT acceptable)	
v	rieni Beach	FL 33139 rd Zip	
	City, State, an	nd Zip	-
liability company at the registered agent and agr all statutes relating to th	e place designated in th ee to act in this capacit se proper and complete	ccept service of process for the about is certificate, I hereby accept the about. I further agree to comply with the performance of my duties, and I are istered agent as provided for in Cl	ppointment as he provisions of m familiar with

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Evenett B. Carbson I. 2301 Collins Avenue, #4 417 Miqui Bogch, FL 33139
-	SECRETAS FALLAHASS
	FILED -7 PM 2: 36 SEE FLORIDA
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: December 7, 2005. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.) Frent B. Gisson Jr.
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)