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DIVISION OF CORPORATIONS

To:

Division of Corporations
Fax Number : (850) 205-0363

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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[Handwritten signature]

FLORIDA/FOREIGN LIMITED LIABILITY CO.

189 investment, llc

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

189 INVESTMENT, LLC**ARTICLE II - Address:**

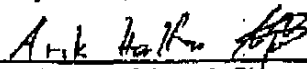
The mailing address and street address of the principal office of the Limited Liability Company is:

**17150 North Bay Road, Apt # 2514
Sunny Isles, FL 33160****ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**MARK E. ROUSSO, ESQ.
18851 NE 29th Avenue, Suite 900
Aventura, FL 33180**

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

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STATE
TALLAHASSEE
FLORIDA

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ARTICLE IV - Management (Check box if applicable)

☒ The Limited Liability Company is to be managed by the member and is, therefore, a member managed company.

The Managing Member is:**ARIK HALFON
17150 North Bay Road, Apt # 2514
Sunny Isles, FL 33160**

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.)

ARIK HALFON

Typed or printed name of signer

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