

Division of Corporations

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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : 120010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Wolffmart LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

WOLFFMART LLC

ARTICLE II ADDRESS

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

11673 SW 17TH ST

PEMBROKE PINES FL 33025-1700

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE

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

Michael Wolff

11673 SW 17TH ST

PEMBROKE PINES FL 33025-1700

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Having been named as registered agent 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..

X   
Michael Wolff / Registered Agent's

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

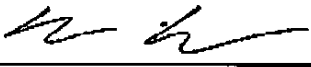
ARTICLE V MEMBERS (optional)

**MANAGING MEMBER:**

MICHAEL WOLFF  
11673 SW 17TH ST  
PEMBROKE PINES FL 33025-1700

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\*\*\*\*\*

x 

Signature of a member or an authorized representative of a  
(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.

MICHAEL WOLFF  
Typed or printed name of signee

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