Florida Department of State

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Division of Corporations

: (850)205-0383 Fax Number

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

072450003255 Account Number : Phone (305) 634-3694 Fax Number (305) 633-9696

.ORIDA/FO	OREIGN LIMITED LIABILITY C  s e b enterprise, llc	
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

SEBENTERPRISE, LLC

#### ARTICLE I

The name of the Limited Liability Company shall: S E B ENTERPRISE, LLC

### ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Ack

#### ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 5301 NW 161<sup>ST</sup> STREET, MIAMI, FL 33014.

## ARTICLE IV

The name and the Florida street address of the registered agent: GARY P. COHEN, 46 SW FIRST STREET # 400, MIAMI, FL 33130.

#### ARTICLE V

The name of the Manager(s) for this company shall be:

#### MANAGER

KALEV BAREK

SECRETARY OF STATE DIVISION OF CORPORATION

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(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization. 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.

Registered Agent

Gary P. Cohen

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 ture.)

Taley Barek

Typed or printed name of signer

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