Page 1 of 1

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000191300 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)205-0383

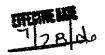
From:

Account Name : A.B.S. OF JACKSONVILLE, INC.

Account Number : I20010000215

: (904)777-1533

Phone Fax Number



ORIDA/FOREIGN LIMITED LIABI

Viva Las Vegas, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

1100000151300

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I. NAME:

The name of the Limited Liability Company is: Viva Las Vegas, LLC

ARTICLE II. ADDRESS:

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

1680 Dunn Avenue, Suite #6 Jacksonville, FL 32218

ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED <u>AGENT'S SIGNATURE:</u>

The name and Florida street address of the registered agent are: Peter K. Salem 1680 Dunn Avenue, Suite #6 Jacksonville, FL 32218

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place of 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 pegistered agent as provided for in Chapter 608, Florida Statutes.

H06000191300 3

HU6000191300 3

ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):

The name(s) and address(es) of each Manager or Managing Member is as follows:

Title:

Name and Address:

MGR.

Peter K. Salem

1680 Dunn Avenuc, Suite #6 Jacksonville, FL 32218

Title:

MGMR.

Name and Address:

Ghandi Ayoub

1680 Dunn Avenue, Suite #6 Jacksonville, FL 32218

ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be July 28, 2006.

REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this _________, 2006.

Poter & Salem Momber

Chandi Ayoub, Member

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)