LOC,000105603

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PICK-UP] WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Filir	ng Officer:)
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Office Use Only



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10/31/06--01050--006 **155.00

Charter Number Only

0 N L Y

Wacholder & Streimer

Requestor's Name

7501 NW 4St # 112

Address

Plantation F1 38817

City State 21P Phone

(954)584-22266

ALCALAS LOS MOLLES

CORPORATION(S) NAME

Suite	100	
	$\frac{105}{105}$	
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) Profit		
) NonProfit	() Amendment	() Marger
) Foreign	() Dissolution	() Mark
) Limited Partnership	() Annual Report	Wother LLC
) Reinstatement	() Reservation	() Change of Registered Agen
Certified Copy & Atule	() Photo Copies	() Certificate Under Seal
) Call When Ready	() Call If Problem	= () After 4:30
A Walk in () Will		Up () Mail Out

CR2E031 (R8-85)

W.P. Verifier

CE Emn Dir C Toll Free: 1-800-432-3028



October 23, 2006

Secretary of State.
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: SUITE 105, INC.

Gentlemen:

Enclosed please find the original and two copies of Articles of Organization, together with my check in the amount of \$155.00.

This represents the cost of the filing fees, a certified copy of Articles of Organization and fee for registered agent designation for the above named company.

Please mail the corporate kit and certified Articles to LISA HUSEBOE at 817 S UNIVERSITY DRIVE STE 105, PLANTATION, FL 33324. Please send a copy of the approved Articles to Wachholder & Streimer, 7501 N.W. 4th Street #112, Plantation, FL 33317.

Very truly yours,

LISA HUSEBOE

ARTICLES OF ORGANIZATION

of

SUITE 105, LLC'.

ARTICLE I - COMPANY NAME

The name of the limited liability company is:

SUITE 105, LLC.



ARTICLE II - REGISTERED AGENT, REGISTERED OFFICE, AND REGISTERED AGENT'S SIGNATURE

The name and the Florida street address (PO Box NOT Acceptable) of the registered_agent are:

LISA HUSEBOE 817 S UNIVERSITY DRIVE STE 105 PLANTATION, FL 33324

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..

agistered Agent's Signature

ARTICLE III - MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each Manager or Managing Member is as follows: (Include Title: MGR= Manager, MGRM= Managing Member)

LISA HUSEBŌE, MGR 817 S UNIVERSITY DRIVE STE 105 PLANTATION, FL 33324

NOTE: An additional article must be added if an effective date is requested

ARTICLE IV - PRINCIPAL OFFICE ADDRESS AND MAILING ADDRESS

817 S UNIVERSITY DRIVE STE 105 PLANTATION, FL 33324

REQUIRED SIGNATURE:

Signature of 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)

Typed or printed name of signee