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

From:  
Account Name : EZ ACCOUNTING & TAX SERVICE, INC.  
Account Number : I19980000019  
Phone : (954)785-3855  
Fax Number : (954)785-2564

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**FIVE FRAN LLC.**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**  
**Of**  
**FIVE FRAN LLC.**

**Article 1.**

The name of the Limited Liability Company is FIVE FRAN LLC.

**Article 2**

The mailing address and street address of the principal office of the Limited Liability Company is: 1166 N. STATE RD 7, LAUDERHILL, FL 33313.

**Article 3**

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

MICHAEL KERLEW 2213 E. ATLANTIC BLVD., POMPANO BEACH, FL 33062

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 appointments 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.

  
MICHAEL KERLEW

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MICHAEL KERLEW CPA  
EZ ACCOUNTING & TAX SERV  
2213 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33062

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**Article 4**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.


The name and street address of the manager(s) (MGR) or Managing Member(s) (MGRM) is as follows:

Name  
GINA FRANCIS

Office Held  
MGRM

Address: 1166 N. STATE RD 7, LAUDERHILL, FL 33313

REQUIRED SIGNATURE:

  
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)

**MICHAEL KERLEW**  
Typed or printed name of signer