Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242

Phone : (215)563-8113

Fax Number : (215)977-9386

FLORIDA/FOREIGN LIMITED LIABILITY CO.

PESCATORIO INVESTMENTS II, LLC

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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:			
The name of the Limited I	iability Compa	ny is:	
PESCATORIO INVES			
(Must end with the words "Limited	Liability Company,	"Limited Company" or their abbreviation "LLC,"	or "L.C.,")
٠,	;	and the second of the second	
ARTICLE II - Address:			<u> </u>
The mailing address and s	reet address of	the principal office of the Limited Lia	ibility Company is:
Principal Office Address	.	Mailing Address:	a. L. Vreen
8461 Lake Worth Road		8461 Lake Worth Road	adjoient mar
Sulte 228		Suite 228	Post 3 45
Lake Worth, FL 33467		Lake Worth, FL 33467	
ARTICLE III - Register (The Limited Liability Company or business entity with an active Floring Company or business entity with a company of the	annot serve as its own	stered Office, & Registered Agent's n Registered Agent. You must designate an individ	Signature: AR
The name and the Florida	street address o	of the registered agent are:	<u> </u>
	Ste	ven Cohen	STAI ORI
		Name	DA 28
	8461 Lake V	Vorth Road, Suite 228	
	Florida st	rect address (P.O. Box NOT acceptable)	
Lake	Worth,	_{FL} 33467	
	City,	State, and Zip	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	Just My Luck, LLC 8461 Lake Worth Road, Suite 228
	Lake Worth, FL 33467
	Company of the
The state of the s	
(Use attachment if necessary)	

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.)

Steven Cohen, Authorized Person

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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