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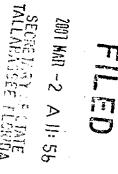
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COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	Downtown Inve	estments LLC	n =
_	(Name of Limite	d Liability Company)	
The enclosed	Articles of Organization and fee(s) are s	submitted for filing.	
Please return	all correspondence concerning this matte	er to the following:	
·	Michael BA	Rone	
		Name of Person)	
		(Firm/Company)	
	7027 W.Brow.	4rd Blud #29 (Address)	TALES SEL
		(Address)	
	Plantation, FC	- 33317	-2 7/37 7/37
	(Cit)	/State and Zip Code)	
For further in	formation concerning this matter, please	call:	A II: 56
Micho	Name of Person)	at (954) 444.	8579
	(Name of Person)	(Alea Code & Daytime Te	elephone (vaniber)
Enclosed is a	check for the following amount:		
□ \$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Downtown Investments LLC

Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
2450 Hollywood Blud #205 7027 W. Broward Blud #290 Hollywood, FL 33020 Plantation, FL 33317
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Michael Barone
Name SS = O
7027 W. Broward Blud, #298# 5
Florida street address (P.O. Box NOT acceptable)
Plantation FL 33317
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

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MICHAEL BARONE

7027 W. BROWARD BLIND. # 290

Plantation | FL 33317

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 Barone
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)