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FILED SECRETARY OF STATE ODVISION OF COREGRATION

### **COVER LETTER**

то:	Registration So Division of Co				
SUBJ	ECT: Step 1.	Invitations, LLC			
		(Name of Limite	d Liability Compa	ıny)	
The en	iclosed Articles o	of Organization and fee(s) are s	ubmitted for filing	<b>ζ.</b>	
Please	return all corresp	oondence concerning this matte	er to the following	:	<i>;</i>
	Ana M. We	endelken			
		(	Name of Person)		
	Step 1 In	vitations, LLC			
		(	Firm/Company)		
	10461 SW	/ 80 Street			
			(Address)		
	Miami, FL	33173			
		(City	State and Zip Code	)	
For fu	ther information	concerning this matter, please	call:		
Ana	M. Wendelk	en	at ( 305	598-155	8
	(Name	e of Person)	(Area Code	& Daytime To	elephone Number)
Enclos	sed is a check for	or the following amount:			
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 File Certified Copy (additional copy i	/	\$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	Registration Division of Clifton Books 2661 Exe	ourier Addression Section of Corporation uilding cutive Center ee, FL 32301	ns

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

	ns, LLC rds "Limited Liability Company,	"Limited Company" or their abbreviation "LLC," or "L.C	<del>.,</del> ")	
ARTICLE II - A				
The mailing addr	ess and street address of	the principal office of the Limited Liability	Compa	ny is:
Principal Office Address:		Mailing Address:		
10461 SW 80 STRE	ET	10461 SW 80 STREET		
MIAMI, FL 33173		MIAMI, FL 33173		
	<u> </u>	-		
ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Regis Company cannot serve as its own active Florida registration.)	stered Office, & Registered Agent's Signant Registered Agent. You must designate an individual or an after the registered agent are:	ture:	SECF
The name and the Florida street address of the registered agent are:			ž	ZM Od
	RANDY R. GINSBERG		19	FARY CRARE
	RANDY R. GINSBERG		19	ARY OF
	RANDY R. GINSBERG	Name	19 AM 10:	ARY OF STA
	RANDY R. GINSBERG 269 GIRALDA AVENI	Name	19 AM 10: 52	ARY OF STATE FUNDATION
	RANDY R. GINSBERG 269 GIRALDA AVENI	Name UE, SUITE 201	19 AM 10:	F CORPORATIONS

liability company at the place designated in this certificate, I hereby accept the appointment as egistered 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: Name and Address: "MGR" = Manager "MGRM" = Managing Member ANA M. WENDELKEN 10461 SW 80 STREET MIAMI, FL 33173 VIVIAN M. MAZIN 6131 SW 93 COURT MIAMI, FL 33173 RAQUEL GONZALEZ 6870 SW 45 LANE, #8 MIAMI, FL 33155

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

ANA M. WENDELKEN

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)