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(Re	equestor's Name)	·
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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DEPARTITIF OF STATE
VISION OF CURPORATION
TALLAHASSEE, FLORIDA

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CORPORATE FILING SERVICE Requester's Name

3320 S.W. 87TH AVENUE

Address

MIAMI, FL 33165 (305) 552-5973

ASSO W. T.

City/State/Zip Phone #	Office Use Only ENT NUMBER(S) (if known):
	Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):
DICE CONCEPTION	1260
(Corporation Name)	(Document #)
)	
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(corporation reality)	(Bootiment #)
(Corporation Name)	(Document #)
Walk in Pick up time	•
Mail out Will wait	Photocopy
NEW FILINGS	<u>AMENDMENTS</u>
Profit	Amendment CD 4 00%
Not for Profit Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent
☐ Domestication ☐ Other	Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
•	<u> </u>

Examiner's Initials

ARTICLES OF ORGANIZATION DICE CONCEPTION LLC

<u> ARTICLE I - NAME</u>

CECRETAL SALES The name of this limited liability company is DICE CONCEPTION LLC (hereinafter "the Company").

ARTICLE II - ADDRESS

The mailing address and principal office is:

2701 S. Bayshore Drive, Suite 402 Miami, Florida 33133

ARTICLE III: INITIAL REGISTERED OFFICE AND AGENT

The name and mailing address of the initial registered office and the initial registered agent of the Company is:

Bernard Tcharchefdian 2701 S. Bayshore Dr., #402 Miami, Florida 33133

Having been named as registered agent and to accept service of process for the above state 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.

Bernard Tcharchefdian-Registered Agent

ARTICLES IV - MANAGEMENT

The Company will be managed by one (1) manager and is, therefore a manager-managed company.

Bernard Tcharchefdian 2701 S. Bayshore Dr., #402 Miami, Florida 33133

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.

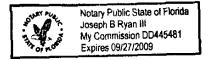
BERNARD TCHARCHEFDIAN, Authorized Representative

ORGANIZER

IN WITNESS WHEREO Organization this	F, I have made and subscribed these Articles of2007.
	MARCELLE POIRIER
STATE OF FLORIDA)) SS:
COUNTY OF MIAMI-DADE)

I HEREBY CERTIFY that on this day, personally appeared before me MARCELLE POIRIER who is well known to me to be the person described in and who executed these Articles of Organization as Organizer, and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed.

SWORN TO AND SUBSCRIBED before me this 27 of 2007.



NOTARY PUBLIC
State of Florida at large

My commission expires: