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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Co			
SUBJECT: Salsa	Beach Llc		
		d Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
ERIC AMS			
	(Name of Person)	
Salsa Bea			
		(Firm/Company)	
3598 YAC	HT CLUB DRIVE #	#1802	
		(Address)	
AVENTU	RA FL 33180		
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
ERIC AMSALLE	М	at (786) 985-137	
(Name	e of Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for	or the following amount:		
✓ \$125.00 Filing 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 Taliahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

THE HAIRE OF	the Limited Liability Comp	oany is.	
Salsa Beach			
(Must end with th	e words "Limited Liability Compan	y, "Limited Company" or their abbreviation "LLC,"	" or "L.C.,")
ARTICLE II	I - Address:		
The mailing a	address and street address o	f the principal office of the Limited Li	ability Company is:
Principal Of	fice Address:	Mailing Address:	
3598 YACHT CL	LUB DRIVE #1802	3598 YACHT CLUB DRIVE #1802	
AVENTURA FL	33180	AVENTURA FL 33180	
The name and	I the Florida street address of ERIC AMSALLEM	of the registered agent are:	O7 AUG 31 AH 11: 1: SECKL LAKY OF STAT TALLAHASSEE, FLORI
	a. To Faron Legan	Name	HAS
	3598 YACHT CLUB	DRIVE #1802	FILEU G31 AH IMICT OF HASSEE, F
	Florida s	treet address (P.O. Box NOT acceptable)	70
	AVENTURA FL 33180	FL	ORIE =
	City	, State, and Zip	D TT
liability co registered ag	ompany at the place design <mark>a</mark> ent and agree to act in this c	and to accept service of process for the a ted in this certificate, I hereby accept the apacity. I further agree to comply with plete performance of my duties, and I am	e appointment as the provisions of all

(CONTINUED)
Page Lof2

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

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

<u>Title:</u>	Name and Address:		
"MGR" = Manager			
"MGRM" ≈ Managing Member			
CEO & MGR	Mr Martial GOSSELIN		
<u> </u>	9 Impasse des Poilus		
	06400 Cannes, FRANCE		
MGRM	Mme Pascale GOSSELIN		
	9 Impasse des Poilus		
	06400 Cannes, FRANCE		
			
		_	
<u> </u>			
(Use attachment if necessary)			
(Ose attachment if necessary)			
ARTICLE V: Effective date, if other than the			
(If an effective date is listed, the date must b			r
to or 90 days after the date of filing.)			
REQUIRED SIGNATURE:	<i>.</i> \	TAS:	
		E CER	
		AUG 31 CRE AIC LAHASS	π
		IUG 31 AI RELAKT SI AHASSEE,	FILED
Signature-of a member	er or an authorized representative of a member.		
	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury	AH II: I	_
that the facts stated h		용 <u>.</u>	
ERIC AMSALLEM		E A	

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)

Typed or printed name of signee