

Division of Corporations Public Access System

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TO:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CŎ.

## rootsetock investments, lle

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| Certificate of Status | 0    |

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:<br>The name of the Limited Liability Company | is is |
|--|-------|
| Rootstock Investments, LLC                                     |       |

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address:   | Mailing Address:            |   |
|-----------------------------|-----------------------------|---|
| 7124 Abbott Avenue, Suite A | 16105 N.E. 18th Avenue      |   |
| Miami Beach, Floride 33141  | North Miami Beach, PL 33162 | _ |
|                             |                             | _ |

(Mass and with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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 ordinates business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Victor K. Rones

16105 N.E. 18th Avenue
Florida street address (P.O. Box NOT acceptable)

North Mlami Beach, Flg 33162
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 Attent's Signature (REQUIRED)

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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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Maxim Szari 7124 Abbott Avenue, Suite A Miami Beach, Florida 33141 (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 caunot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE: ber 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.) Maxim Szarf Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation

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of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)