Florida Department of State

Division of Corporations Public Access System

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LORIDA/FOREIGN LIMITED LIABILITY CO.

Streamline, LLC

Certificate of Status	1
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SECRETARY OF STATE

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ARTICLES OF ORGANIZATION FOR ITY COMPANY

FLC	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name The name of the Limited Liability Comp	pany is: Streamline, LLC
ARTICLE II - Address	es the month of the Attinue Control
The mailing address and street address of	of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2901 Stirling Road - Suite 307	2901 Stirling Road - Suite 307
Fort Lauderdale, FL 33312	Fort Lauderdale, FL 33312

Mailing Address:

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are:

Harry M. Samuels

2901 Stirling Road - Suite 307

(P.O. Box or Mail Drop Box NOT Acceptable)

Name

Fort Lauderdale, FL 33312

(City / State / 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.

gent's Agnature - Harry M. Samuels

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ARTICLE IV - Manager(s) o The name and address of each Mar	r Managing Member(s): ager or Managing Member is as follows:	070002606	i22	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mcmber	Name and Address:			
MGR	Gary P. Shaw - 2171 SW 35th Ave., Fort Lauderdale, FL 33312			
(Use attachment if necessary) REQUIRED SIGNATURE:	As Sal	 Page	07	
(In accorda document c	e of a member or authorized representative of a member. ance with section 608,408(3), Florida Statutes, the execution of this onstitutes an affirmation under the penalties of perjury that the facts in are true.)	CRETARY OF STATE LAHASSEE, FLORIDA	07 OCT 22 AM 8: 44	FLED
	Gary P. Shaw	-	-	

Typed or printed name of signee