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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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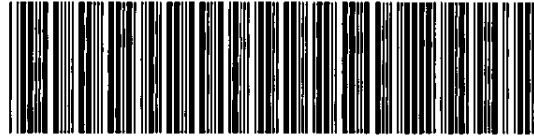
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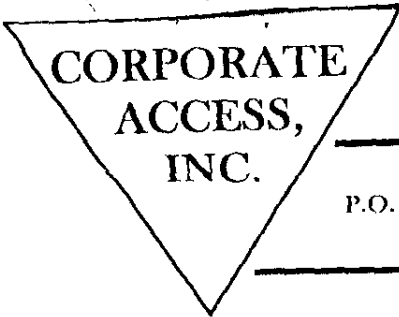
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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FILING



Articles of Organization, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1.

Shabrachi Holdings LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SHABRACHI HOLDINGS LLC**ARTICLE II - Address:**

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

Principal Office Address:649 Fifth Avenue South
Naples, Florida 34102**Mailing Address:**6843 Lantana Bridge Rd Suite 201
Naples, Florida 34109**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

J. Rolquin

Name

C/O Christopher Cona, P.A 4280 Tamiami Trail East 101Florida street address (P.O. Box **NOT** acceptable)Naples, Florida 34112FL

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 Agent's Signature

(CONTINUED)

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

J Rolquin

649 Fifth Avenue South

Naples, Florida 34102

MGR

Shawn T. Rolquin

649 Fifth Avenue South

Naples, Florida 34102

MGR

Brandon J. Rolquin

649 Fifth Avenue South

Naples, Florida 34102

MGR

Christina M. Rolquin

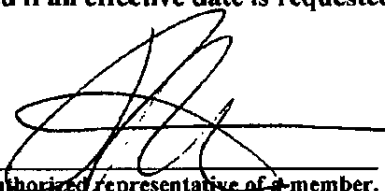
Christina M. Rolquin

649 Fifth Avenue South

Naples, Florida 34102

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

J Rolquin

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)