

W08000003808

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

bluster bar, llc

Certificate of Status	0
Certified Copy	1
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EXAMINER

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I-Name:

The name of the Limited Liability Company is:
BLUSTER BAR, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation
"LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

**115-117 NORTH 21ST AVENUE
HOLLYWOOD FL 33020**

Mailing Address:

**115-117 NORTH 21ST AVENUE
HOLLYWOOD FL 33020**

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 or another business entity with an active Florida registration.)

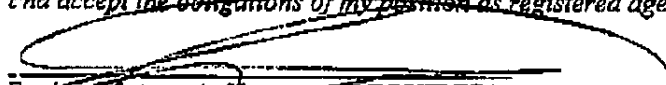
The name and the Florida street address of the registered agent are:

Name: **Denis BUCHLIN**

Florida Street addresses (P.O. Box NOT acceptable):

**115-117 NORTH 21ST AVENUE
HOLLYWOOD FL 33020**

*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 (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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Denis BUCHILIN
2370 NE 213 Ter.,
Aventura, FL 33180-1048

MGRM

Tatiana PAVLOVA-BUCHILIN
2370 NE 213 Ter.,
Aventura, FL 33180-1048

MGRM

Nikol Algerdos AMERAZAYTIS
5509 Long Island Dr.
Atlanta, GA 30327

(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 cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Denis BUCHILIN

Typed or printed name of signer

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