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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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TALLAHASSEE, FLORIDA

Charter Number Only

2/14/08

JEFFREY ROY COHEN  
Requestor's Name  
297 SUNNY ISLES BLVD  
Address  
N. Miami Beach, FL  
City State ZIP Phone 33160

(305) 940-1985

CORPORATION(S) NAME

Libre Holdings, LLC

VALIDATION ONLY

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TALLAHASSEE, FLORIDA

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> NonProfit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution	<input type="checkbox"/> Mark
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other <i>LLC</i>
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Reservation	<input type="checkbox"/> Change of Registered Agent
<input checked="" type="checkbox"/> Certified Copy of Actuery		<input type="checkbox"/> Photo Copies
		<input type="checkbox"/> Certificate Under Seal
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input type="checkbox"/> Pick Up
		<input type="checkbox"/> Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028

**ARTICLES OF ORGANIZATION  
OF  
Libre Holdings, LLC**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I – NAME**

The name of the limited liability company shall be Libre Holdings, LLC ("Company").

**ARTICLE II – ADDRESS**

The mailing address and street address of the principal office of the company shall be 2429 Hollywood Blvd., Hollywood, Florida 33020.

**ARTICLE III – DURATION**

The company shall commence its existence on the date these articles of organization are filed by the Florida Department of State. The company's existence shall be perpetual, unless the company is earlier dissolved as provided in these articles of organization.

**ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE  
& REGISTERED AGENT'S SIGNATURE**

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

Jeffrey Roy Cohen, Esq.  
297 Sunny Isles Boulevard  
Sunny Isles Beach, Florida 33160

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 his or her duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

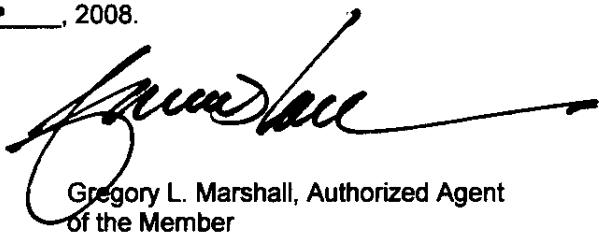
\_\_\_\_\_  
Jeffrey Roy Cohen, Registered Agent

## ARTICLE V – MANAGEMENT

The company shall be managed by a Manager selected by the members in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization.

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.

Signed on this 13 day of FEB., 2008.

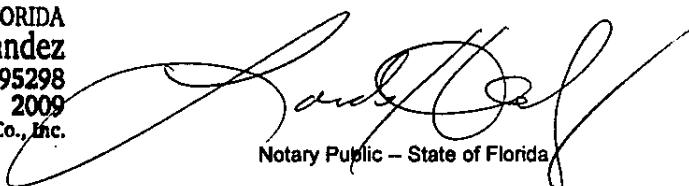


Gregory L. Marshall, Authorized Agent  
of the Member

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 13 day of February, 2008, by GREGORY L. MARSHALL, NOTARY PUBLIC-STATE OF FLORIDA

  
Lourdes Hernandez  
Commission # DD495298  
Expires: NOV. 30, 2009  
Bonded Thru Atlantic Bonding Co., Inc.



Notary Public – State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  OR, Produced Identification        Type of Identification Produced