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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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EXAMINER



FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662, TALLAHASSEE, FL 32302 155 OFFICE PLAZA DRIVE, SUITE A, TALLAHASSEE, FL 32301 PHONE: (850) 216-0457 / FAX: (850) 216-0460

DATE: 3/10/2008

NAME: STREET CHAMELEON, LLC

TYPE OF FILING: LIMITED LIABILITY C OMPANY

COST: 130.00 \$ 160 90

RETURN: GOOD STANDING CERTIFICATE

ACCOUNT: FCA000000015

AUTHORIZATION: PAUL/ABBIE HODGE

ARTICLE I - Name:	PR 3
The name of the Limited Liability Corr	npany is:
	Service of the servic
Street Chameleon, LLC	7.0
	nited Liability Company, "L.L.C.," or "LLC.")
	mod Edding Company, Eddic, or Edd.)
	Bir
ARTICLE II - Address:	A DECEMBER OF THE PROPERTY OF
ARTICLE II - Address:	of the principal office of the Limited Liability Company is:
ARTICLE II - Address:	A DECEMBER OF THE PROPERTY OF
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
ARTICLE II - Address: The mailing address and street address Principal Office Address:	of the principal office of the Limited Liability Company is: Mailing Address:

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

Capitol Corporate Services, Inc.

Name

155 Office Plaza Drive, Suite A

Florida street address (P.O. Box NOT acceptable)

Tallahassee

32301

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 (REOU)RED)

(CONTINUED)
Page 1 of 2

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 MGRM Evan Malmuth 3350 S.W. 27th Avenue, Suite 1904 Miami, Florida 33133 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filling: (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 filling.)

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.)

Evan Malmuth

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)