T-620 P.00.00 F 9476 996 May-06-200 02:11pm Florida Department of State Division of Corporations Public Access System **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H08000122639 3))) H080001226393ABC+ Note: DO NOT hit the REFRESH/RELOAD button on your browser from this 2008 MAY -6 page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number ; (850)617-6383 From: : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSEL Account Name Account Number : 076077000521 ; (954)527-2428 Phone Fax Number : (954)333-4001 **თ** _____ ä RECEIVE H FI ORIDA/FOREIGN LIMITED LIABILITY CO. မှ OB MAY **Rooms Alive, LLC** Certificate of Status 1 Certified Copy 1 Page Count 02 T. CLINE \$160.00 Estimated Charge MAY - 7 2008 FXAMINER Corporate Filing Menu Electronic Filing Menu

May-06-2008 02:11pm From-RUDEN MCCLOSKY 17 FL ST

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ARTICLES OF ORGANIZATION OF ROOMS ALIVE, LLC a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for

the purpose of forming a Limited Liability Company under the laws of the State of Florida does set forth the following:

1. <u>NAME</u>. The name of the Limited Liability Company is ROOMS ALIVE, LLC (the "Company").

2. <u>MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE</u>. The mailing and street address of the principal office of the Company is: 1535 S.E. 17th Street, Suite **B206**, Fort Lauderdale, Florida 33316.

3. <u>REGISTERED AGENT</u>. The name and address of the initial registered agent if the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Accounting and Business Consultants, LLC, 1535 S.E. 17th Street Suite B206, Fort Lauderdale, Florida 33316.

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The undersigned has executed these Articles of Organization on the 6th day of May,

2008.

Hend Jonke

By: _

Authorized Representative

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CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company Is: ROOMS ALIVE, LLC.

2. The name and address of the registered agent and office is:

Accounting and Business Consultants, LLC 1535 S.E. 17th Street Suite B206 Fort Lauderdele, Florida 33316.

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 its capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, Infall am familiar with and accept the obligations of my position as registered agent.

ACCOUNTING AND BUSINESS CONSULTANTS, LLC

tal sus By:

Date: May 6, 2008.

Name: _ CRYSTAL SHEUNG HAN HIGHG_

Title: <u>CPA</u>

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