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

From:
Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

BIANCA COLETTI LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

BIANCA COLETTI LLC

ARTICLE II ADDRESS

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

5 ISLAND AVE STE 9B

MIAMI BEACH, FLORIDA 33139

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE**REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent at

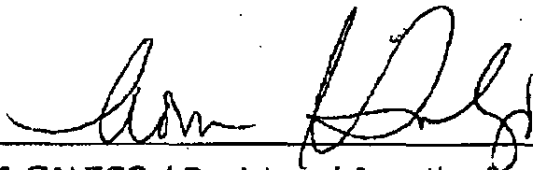
NORA GALEGO

232 ANDALUSIA AVE # 202

CORAL GABLES, FLORIDA 33134

Having been named as registered agent 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..

x



NORA GALEGO / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

LAUREN GOLDFARB

5 ISLAND AVE STE 9B

MIAMI BEACH, FLORIDA 33139

MANAGING MEMBER:

BIANCA COLETTI

27 SALAMONCA AVE APT 6

CORAL GABLES, FLORIDA 33134

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x 

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.

LAUREN GOLDFARB