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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORFORATE KIT COMPANY

Account Number: 072450003255 Phone : (305) 634-3694 Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

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<u>ARTICLE I - NAME</u>

OF

The name of the Limited Liability Company is TWO F, LLC (the "Company").

ARTICLE II- ADDRESS

The mailing address and street address of the principal office of the Company is: 119 Washington Avenue, Suite 101, Miami Beach, FL 33139.

ARTICLE III- DURATION

The period of duration for the Company shall be perpetual.

ARTICLE IV- MANAGEMENT

The Company will be a manager-managed Company. The name and address of the Manager is:

<u>Name</u>

<u>Address</u>

Giorgio Bassi

119 Washington Avenue

Suite 101

Miami Beach, FL 33139

ARTICLE V - EFFECTIVE DATE

The effective date of formation of the Company is October 14, 2009.

IN WITNESS WHEREOF, the undersigned representative of the Members has executed these Articles of Organization this 14th day of October, 2009.

Preparer:

Norman S. Weider, Esq. 200 S. Biscayne Blvd. - Suite 700 Miami, FL 33131 FL Bar No. 150388

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608,415 OR 608,507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, 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: TWO F, LLC.
- 2. The name and address of the registered agent and office is:

Norman S. Weider, Esq. 200 S. Biscayne Boulevard - Suite 700 Mlami, FL 33131

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 PROPERTY AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Norman S. Weider, Esq.

Registered Agent

DATE: 10/14/2809

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