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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

olavi properties llc

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C. LEWIS

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EXAMINER

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

OLAVI PROPERTIES LLC

ARTICLE I

**The name of the Limited Liability Company shall be: OLAVI
PROPERTIES LLC**

ARTICLE II

**The Company is organized for any legal and lawful purpose for
which a limited liability company may be organized pursuant to the Act.**

ARTICLE III

**The mailing address of the Limited Liability Company is: 9909
LORAIN AVE, SILVER SPRING, MD 20901**

**The street address of the principal office of the Limited Liability
Company is: 54 CYPRESS BLVD W, HOMOSASSA, FL 34446**

ARTICLE IV

**The name and the Florida street address of the registered agent:
LOUISE ULLMAN, 54 CYPRESS BLVD W, HOMOSASSA, FL 34446**

ARTICLE V

The name of the Managing Member(s) shall be:

**MANAGING MEMBER
ROBERT DEVINE**

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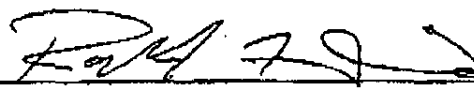
CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE

OLAVI PROPERTIES LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.


Registered Agent

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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.)

ROBERT DEVINE

Typed or printed name of signee

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