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FLORIDA/FOREIGN LIMITED LIABILITY CO.

S65 Holdings, LLC

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EXAMINER

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**ARTICLES OF ORGANIZATION
OF
S65 Holdings, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: S65 Holdings, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
1521 Alton Road, #374, Miami Beach, Florida 33139.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Michael Arnold, 1521 Alton Road, #374,
Miami Beach, Florida 33139. Located in the County of Dade.

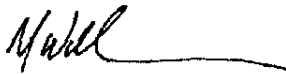
ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and
address of the member of the Limited Liability Company is:

Michael Arnold, 1521 Alton Road, #374, Miami Beach, Florida 33139



Date: October 30, 2009

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,
WI 53717

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED 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.

The name of the limited liability company is: S65 Holdings, LLC

The name and address of the registered agent and office is Michael Arnold, 1521 Alton Road, #374,
Miami Beach, Florida 33139. Located in the County of Dade.

Having been named as registered agent and to accept service of process for the above stated
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.

Signature: _____

Michael Arnold

Date: 10/30

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