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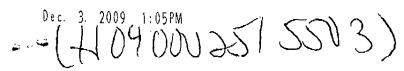
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Corporate Filih

EXAMINER

Help

ARTICLES OF O	RGANIZATIUN FUR I	FLORIDA LIMITED LIABILTI	I Y CUMPANY
ARTICLE I - Nam The name of the Lin	e: nited Liability Company i	s:	
EST	HER ENTERPRISE	S OF FLORIDA LLC	
(Mus	t end with the words "Limited Lia	bility Company," "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address		principal office of the Limited Lia	bility Company is:
Principal Office Ac	ddress:	Mailing Address:	
225 W. 39th Stree	et, #302	225 W. 39th Street, #302	
New York, NY 100	018	New York, NY 10018	
•	Nan 16900 North B	n Oami	
	Sunny Isles	PL 33160	
•	City, State		
liability compan registered agent an statutes relating to	ry at the place designated in Indicage and age and age of a complete The proper and complete	to accept service of process for the a n this certificate, I hereby accept the city. I further agree to comply with a performance of my duties, and I am gistered agent as provided for in Cl	e appointment as the provisions of all s familiar with and
	Phimas	1 Panis	a 144a
	Registered Agent's Sign	nature (REQUIRED)	SEBRETA DIVISION OF 09 DEC -
	(CIC) NITION	CATETIC TAL	မော် မြော



Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	/
"MGRM" = Managing M	.ember
MGRM	Shimon Oami
	225 W 39th Street
	New York NY 10018

(Use attachment if necess	ary)
LEV: Effective date, if c	ther than the date of filing: (OPTIONAL)
	date must be specific and cannot be more than five business days p ng.)
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days after the date of files the date of files. BEOUIRED SIGNATU	RE:
REQUIRED SIGNATU	RE: Shimes Osmu re of a member or an authorized representative of a member.
REOUIRED SIGNATU Signatu (In acco. of this c	Shimon Comi

がいいので、CORPORATION

09 DEC -3 AH 7: 資変