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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SCOTT M. GRANT, P.A.

Account Number : 102603003131

Phone

: (239)649-4848

Fax Number

: (239)643-9810

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Bitochon, LLC

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EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

BITOCHON, LLC

ARTICLE II
ADDRESS

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

3400 Tamiami Trail N., Suite 201 Naples, FL 34103

ARTICLE III DURATION

The period of duration for the Limited Liability Company shall be indefinite.

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by a Manager and the name and address of such Manager who is to serve as Manager is:

Aryeh Schwimmer c/o Scott M. Grant, P.A. 3400 Tamiami Trail N., Suite 201 Naples, FL 34103

<u>ARTICLE V</u> ADMISSION OF ADDITIONAL MEMBERS

Upon unanimous approval by the Members, the Company is authorized to issue additional Units in the Company and to admit Additional Members to the Company.

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ARTICLE VI MEMBERS' RIGHTS TO CONTINUE BUSINESS

The remaining members of the company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE VII REGISTERED AGENT

The name and address of the registered agent is:

Scott M.Grant, Esq. Scott M. Grant, P.A. 3400 Tamiami Trail N., Suite 201 Naples, FL 34103 TILEU 10 FEB - 1 AM 8: 37 SECRETARY OF STATE SECRETARY OF STATE

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 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, Florida Statutes.

REGISTERED AGENT

Scott M. Grant

These Articles are executed this [5] day of [2 VVVVV], 2010 by the undersigned authorized representative of BITOCHON, LLC, pursuant to Section 608.408(3) of the Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

AUTHORIZED REPRESENTATIVE:

Scott M. Gray