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(Requestor's Name)				
(Address)				
(Address)				
(Hadioso)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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T. HAMPTON FEB - ₩ 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Division of C	orporations					
SUBJECT:						
	Name of Limit	red Liabi	lity Con	npany		
The enclosed Articles	of Organization and fee(s) are	submitte	ed for fil	ing.		
Please return all corres	pondence concerning this mat	ter to the	follow	ng:		
<u> </u>	Р	eter C		11		
		Name o	f Person			
	High	Five E	xports	, LLC		
		Firm/C	ompany			
	1475 Par	k Lane	South	n, Suite 2		
		Ado	Iress			
	Jupit	er, Flo	rida, 3	3458		
	Ci	ty/State a	nd Zip C	ode		·
<u> </u>	Suppor E-mail address: (to be used	t@high	15expo	orts.com	<u>m)</u>	
For further information	concerning this matter, pleas		-		,	
	r Cordani II	at (561)		0-1219
Name	e of Person		Area Co	ode & Daytime	Teleph	one Number
Enclosed is a check f	for the following amount:					
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	— Ce	rtified (ling Fee & Copy opy is enclosed		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Regista Division Cliftor 2661 F	Courier Addration Section on of Corpora Building Executive Cenassee, FL 323	tions ter Cir	cle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:							
The name of the Limited Liability Cor	mpany is:						
High Fiv	/e Exports "LLC"						
	imited Liability Company," "L.L.C.," or "LLC.")						
ARTICLE II - Address:							
The mailing address and street address	s of the principal office of the Limited Li	ability Company is:					
Principal Office Address:	Mailing Address:	Mailing Address:					
1475 Park Lane South, Suite 2 Jupiter, FL 33458	1475 Park Lane South, Su Jupiter, FL 33458	1475 Park Lane South, Suite 2 Jupiter, FL 33458					
	Registered Office, & Registered Agent's own Registered Agent. You must designate an indiv						
The name and the Florida street addre	ss of the registered agent are:						
Peter J. Cordani							
	Name						
1	114 Colony Way						
Florida street address (P.O. Box NOT acceptable)							
Jupiter, FL 33458 FL							
C	ity, State, and Zip						
liability company at the place design registered agent and agree to act in the statutes relating to the proper and confidence accept the obligations of my position.	ent and to accept service of process for the gnated in this certificate, I hereby accept the is capacity. I further agree to comply with omplete performance of my duties, and I are on as registered agent as provided for in Cent's Signature (REQUIRED)	ne appointment as n the provisions of all n familiar with and					
) FE					

(CONTINUED)

DIVISION OF CORPORATIONS

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGR"	Peter Cordani II
	15100 Jamaica Drive
	Management of the second of th
The state of the s	
(Use attachment if necessary)	***************************************
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	G Cali
Signature of a member	er or an authorized representative of a member.
of this document cons that the facts stated he	
Peta	ped or printed name of signee
Filing Fees:	ped or printed name of signee
\$125.00 Filing Fee for Articles of Orga	nization and Designation

of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)