

Mar-17-10 12:44 From:
Division of Corporations

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Florida Department of State
Division of Corporations
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L. SELLERS

To:

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

MAR 18 2010

EXAMINER

From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL
Account Number : 076077000521
Phone : (954) 527-2428
Fax Number : (954) 333-4001

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Lafan, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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10 MAR 17 PM 3:36

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TALLAHASSEE, FLORIDA

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10 MAR 16 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mar-17-10 12:44pm From-

T-174 P 02/04 F-471

Confirmation Report-Memory Send

Time : Mar-15-10 12:32pm
Tel line 1 :
Name :

Job number : 467
Date : Mar-15 12:30pm
To : 918506716383#0251
Document Pages : 03
Start time : Mar-15 12:31pm
End time : Mar-15 12:32pm
Pages sent : 03

FAILED

Job number : 467

*** SEND SUCCESSFUL ***

Division of Corporations

Page 1 of 2

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To: Division of Corporations
Fax Number : (850) 417-6363

From: Account Name : MURPHY, MCDONALD, SMITH, SCHUSTER & RUSSELL
Account Number : 075077000033
Phone : (254) 327-3436
Fax Number : (254) 353-6007

Enter the email address for your business entity as the user for future email report settings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.
Lafan, LLC

Certificate of Status	1
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Page Count	02
Estimated Charge	\$160.00

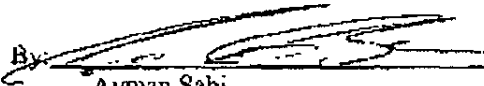
**ARTICLES OF ORGANIZATION
OF
LAFAN, LLC
a Florida limited liability company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida does set forth the following:

1. The name of the limited liability company is Lafan, LLC (the "Company").
2. The mailing and street address of the principal office of the Company is: 1440 South Ocean Blvd., 11-B, Pompano Beach, Florida 33062.
3. The name and address of the initial registered agent in the State of Florida, whose Certification of Designation of Registered Agent/Registered Office accompanies these Articles of Organization is: Ayman Sabi, 1440 South Ocean Blvd., 11-B, Pompano Beach, Florida 33062.

The undersigned has executed these Articles of Organization on the 15th day of March, 2010.

LAFAN, LLC, a Florida limited liability company

By: 

Ayman Sabi,
Authorized Representative

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10 MAR 16 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Lafan, LLC.
2. The name and address of the registered agent and office is:

Ayman Sabi
1440 South Ocean Blvd., 11-B
Pompano Beach, Florida 33062

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 its 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.


Ayman Sabi, Registered Agent

Date: March 15, 2010