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**EXAMINER** 

PAGE 2 OF 3

H10000087379

## ARTICLES OF ORGANIZATION

	1	FOR	
FL(		LIABILITY COMPANY	
ARTICLE I - Name The name of the Limited Liability Comp			
ARTICLE II - Address			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The mailing address and street address of	of the principal office o	f the Limited Liability Company is:	最もに
Principal Office Address:	+	Mailing Address:	10 PR 16 AMII: 3
1619 SW 21 Street		P.O. Box 450401	36
Fort Lauderdale, FL 33315		Sunrise, FL 33345	DA C
ARTICLE III - Registered Age: The name and Florida street address of t		9:	ature
•		Name	-
	1819 SW 21 Str	tet	•
	(P.O. Box or	Mail Drop Box NOT Acceptable)	
	Fort Lauderdale	e, FL 33315 City / State / Zip)	_
Having been named as registered age at the place designated in this certific capacity. I further agree to comply wi of my duties, and I am familiar with a Chapter 608, F.S.	ni and to accept serv ate, I hereby accept t th the provisions of a	ice of process for the above stated he appointment as registered agent ill statutes relating to the proper an	and agree to act in this d complete performance

Registereft Agent's Sygnature - Amy S. Sundrin

	en e	
ARTICLE IV - Manager(s) of The name and address of each Man	or Managing Member(s): pager or Managing Member is as follows:	110000087379
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mcmber	Name and Address:	n 16
MGRM	Amy S. Sandrin - 1819 SW 21 Street, Fort Lauderdale, FL 3334	10 PR 16 HII:
		FOR SHIP 36
(Use attachment if necessary)		- Direction of the control of the co
REQUIRED SIGNATURE:	ands i	
Signature	of a member or authorized representative of a member.	
	nce with section 608.408(3), Florida Statutes, the execution of this institutes an affirmation under the ponalties of perjury that the facts in are true.	ı
	Amy S. Sandrin	

Typed or printed name of signee