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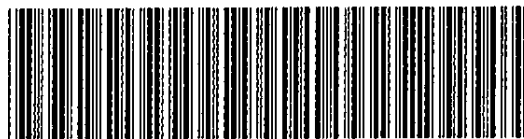
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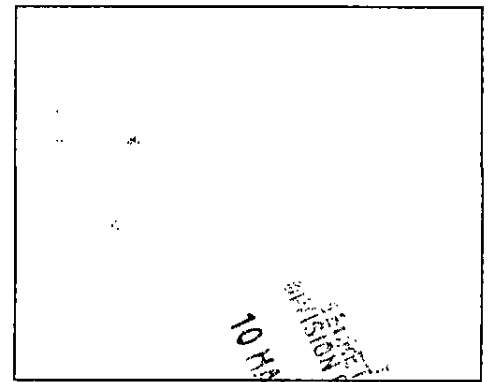
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EXAMINER

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WALK-IN

ENTITY NAME:

COMOBAR, LLC

CK# 4641 FOR \$320.00 (\$160.00 for this filing)

PLEASE FILE THE ATTACHED CONVERSION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

___ STAMPED COPY

XXX CERTIFICATE OF STATUS

Examiner's Initials

**ARTICLES OF ORGANIZATION OF
COMOBAR, LLC**

**ARTICLE I
NAME**

The name of this Limited Liability Company shall be COMOBAR, LLC (the "Company").

**ARTICLE II
PRINCIPAL PLACE OF BUSINESS**

The principal place of business of the Company shall be 168 NE 24 Street, Miami, Florida 33137, and such other place or places as the member from time to time may determine. The mailing address of the Company is 168 NE 24 Street, Miami, Florida 33137.

**ARTICLE III
INITIAL REGISTERED OFFICE AND
REGISTERED AGENT**

The initial registered agent of the Company shall be Atrium Registered Agents, Inc. The address of the initial registered agent is 1500 San Remo Avenue, Suite 125, Coral Gables, Florida 33146.

**ARTICLE IV
MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a member – managed company.

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed on the 26th day of May, 2010, effective upon filing same with the Florida Department of State.

COMOBAR, LLC

BY: Robert A. Stamen
ROBERT A. STAMEN
Authorized Representative

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REGISTERED AGENT/REGISTERED OFFICE

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

1. The name of the limited liability company is:

COMOBAR, LLC

2. The name and address of the registered agent and office is:

Atrium Registered Agents, Inc.
1500 San Remo Avenue, Suite 125
Coral Gables, Florida 33146

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE DUTIES AND OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

ATRIUM REGISTERED AGENTS, INC.

By: Robert A. Stamen

Robert A. Stamen, Vice President

Date: May 26, 2010