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A1a Incorporation

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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC  
Account Number : 120070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

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**\*\*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.**

**Shomea Company, LLC**

Certificate of Status	0
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EXAMINER

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Help

# 10000137346-3

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

SHOMEA COMPANY, LLC

**ARTICLE II ADDRESS**The mailing address and street address of the principal office of the  
Limited Liability Company is:1537 VICTORIA ISLE WAY  
WESTON, FLORIDA 33327CLERK OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

SILVIA BROGNO  
1537 VICTORIA ISLE WAY  
WESTON, FLORIDA 33327

Having been named as registered agent 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, F.S.

X

SILVIA BROGNO / Registered Agent's signature

# 10000137346-3

# 10000137346-3

PAGE 2 SHOMEA COMPANY, LLC

**ARTICLE IV MANAGEMENT**

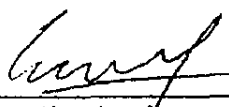
The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER  
RUBEN SALOMON MIZRAHI  
1537 VICTORIA ISLE WAY  
WESTON, FLORIDA 33327

MANAGING MEMBER  
MOISES JOSE COHEN  
1537 VICTORIA ISLE WAY  
WESTON, FLORIDA 33327

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.....  
X   
Signature of a member or an authorized representative of a member  
(In accordance with section 608.408(3), Florida Statutes, the  
execution of this document constitutes an affirmation under the  
penalties of perjury that the facts stated herein are true.

RUBEN SALOMON MIZRAHI

# 10000137346-3