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Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

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

Email Address:

10 AUG 10 PM 1: |

FLORIDA LIMITED LIABILITY CO.

lily mngt, llc

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN

AUG 1 1 2010

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Lily Mngt, LLO | | | |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | ited Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - | Address: | | |
| The mailing add | lress and street address (| of the principal office of the Limited Lia | bility Company is: |
| Principal Offic | e Address: | Mailing Address: | |
| 2120 Bay Avenue | | 2120 Bay Avonue | N. b. data a |
| Miami Beach, FL 33 | 140 | Miami Beach, FL 33140 | |
| A DOTAGE TO THE | Therefored Agent Do | ristand Office & Dogistered Aventis | Simpature |
| (The Limited Liability business entity with | ry Company cannot serve as its of an active Florida registration.) he Florida street address | gistered Office, & Registered Agent's own Registered Agent. You must designate an individual of the registered agent are: | Signature: dual or another |
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| (The Limited Liability business entity with | ry Company cannot serve as its of an active Florida registration.) he Florida street address | own Registered Agent. You must designate an individ | and or another SECNE AUG 10 |
| (The Limited Liability business entity with | ry Company cannot serve as its of an active Florida registration.) he Florida street address | own Registered Agent. You must designate an individual of the registered agent are: Name | dual or another SECNE TO AM S |
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| (The Limited Liability business entity with | by Company cannot serve as its of an active Florida registration.) The Florida street address Gregory Mirmelli 2120 Bay Avenue | own Registered Agent. You must designate an individual of the registered agent are: Name | and or another SECNE AUG 10 |

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 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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| Signature of a member of 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.) | Use attachment if necessary) CLE V: Effective date, if other than the date of filing: | Title: "MGR" = Mana "MGRM" = Ma | ager waging Member | Name and Address: | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------|
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