BLUMBERGEXCELSIOR	Fax: 888-692-9256	Aug 10 2010 9:15	P. 01 Page 1 of 1
LIOC	Alor da Depart n Division of Cor Electronic Filing C	porations	25
Note: Pleas number (sh	e print this page and use it as own below) on the top and bot	s a cover sheet. Type the : tom of all pages of the do	fax audit cument.
:	(((H10000177	746 3)))	
Note: DO NO	DT hit the REFRESH/RELOA page. Doing so will generate	D button on your browser another cover sheet.	•
	vision of Corporations x Number : (850)617	-6383	THE SECTION IS NOT
Ac Ph	count Name : BLUMBERG count Number : 07535000 one : (212)431 x Number : (212)431	-5000	
	address for this busin rt mailings. Enter only		
17 Tana Pagar	FLORIDA LIMITED		·11016-
RECEIVED AUG IO AM 9: 42 RETARY OF STATE AHASSEE. FLORIDA	Certificate of Status Certified Copy Page Count	0 0 01	/
REC SECRETAR ALLAHAS	Estimated Charge	\$125.00	C. LEWIS
		l	AUG 1 1 2010
Electronic Filin	g Menu Corporate Fili	ng Menu	Help
https://efile.sunbiz	.org/scripts/efilcovr.exe	ð.	8/6/2010

		Aug 10 0010 0.10	6 P.O	
BLUMBERGEXCELSION, J.	Fax:888-692-9256 Po 11.10:0/ Am PAUL	Aug 10 2010 9:16 17002 Fax Se		4
				• •
	· · · · · · · · · · · · · · · · · · ·	" ्	*	• . •
₹				•
		,	•	•
			· · · ·	<u>.</u>
	•		•	
			•	· ·
· ·				
			•	•
August 9, 2010		· · · ·	 	
BLUMBERG/EXCELSION CORPORATE	SERVICES, INC.			
,		• .		•
SUBJECT: MEGALOPS LLC Ref: W10000037240				
			;	
				•
•				
		· · ·		:
We received your electronical document has not been filed.	ly transmitted docum Please make the fol	ent. However, th	1ê 18 and	· ·
refax the complete document,	including the electr	onic filing cover	sheet.	4
The name designated in your d	a mana da masa Ja-1		•	•
The name designated in your d as, or it is not distinguisha	ble from the name of	an existing enti	itv.	
Section 608.406. Florida Stat	11tod. wag smondod of	Footel to State 1 - 1	2009 344	: .
require the name of a limited the names of all other filing	liability company t a filed with the Div	o be distinguishs	uble from	
except for fictitious name re-	gistrations and gene	ral partnership	TOUR	
registrations.				x
Please select a new name and a	make the correction	in all the approx	riate	.'
places. One or more words may	y be added to make t	he name distingui	ishable	•
from the one presently on file end of the name is not accept	B. Adding of Flori able. A search for	da or florida name evailability	to the	•
made on the Internet through	the Division s recor	ds at www.sunbiz.	org.	
Please note the name of a lim	ted lightlike come	: مانه المربق بالعربي الم	the i	
words Limited Liability Comp	any, the abbreviati	on L.L.C., or t	he .	
designation LLC. The word	Limited may be abb	reviated as Ltd.	and the	
word Company may be abbrevia longer acceptable: Limited			are no	
		:		
The document number of the name	be conflict is L0800	0110380.	• •	
If you have any further quest	ions concerning your	document, please	call	
(850) 245-6047.				
Carolyn Lewis	FAX Aud. #: Bi	0000177746		•
Regulatory Specialist II	Letter Number:		.:	
10A				
9: 4 9: 4 0RIC				
AH AH E.FL			÷	· ·
RECEIVED UG 10 AH 9: KETARY OF STA HASSEE, FLOR			· · · · ·	
RECE 6 10 IASSE			<u>`</u>	•
RECE NUGIO CRETARY LAHASSE		1, <i>1</i>	;	
				i i

TO AUG SEC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Poonvillé LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1500 Ocean Drive, Apt. 1203 Miami Beach,FL 33139

Mailing Address:

c/o Gildea & Ivanis LLP 500 Fifth Avenue, Suite 810 New York, NY 10110

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures

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

BlumbergExcelsior Corporate Services, inc.

Name

515 East Park Avenue

Florida street address (P.O. Box NOT acceptable)

Taliahassee, FL 32301

City, State, and Zip

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.

Х Registered Agent's Signature

(CONTINUED)

Page 1 of 2

P.03

Ş

				F	11 1	~ ,
	Manager(s) or Mana		2	DIO AUG	ILL	= [
The name and ad	dress of each Manage	er or Managing Member is as	follows: 21	IN AUG	10 A	M s
<u>Title:</u>		Name and Address:	S	ECI.ETA LAHAS		
"MGR" = Manag			IAL .	LAHAS	SEE	STA
"MGRM" = Man	aging Member					ч. Uh
MGRM		Paul Note				
		1500 Ocean Drive, Apt. 12	03			
		Miami Beach FL 33139			•	•
MGRM		Heidi Trisler				
	;	1500 Ocsen Drive, Apl. 1205	-		;	
		Miemi Beech, FL 33139		·		
				4	• .	
. <u> </u>		P <u></u>	·	÷	;	
		·				
		·	<u></u>	···	2	
			1 . Y		;	
		······································			:	
		، ۲۰۰۰ ۱ <u>۰۰۰</u>		· .		
(Use attachment	• • •			2	•	
REQUIRED SI	GNATURE:		·	• • •	•	
		e			•	
	n = n	· ~;		:		
	l <g< td=""><td>a</td><td></td><td>:</td><td>· · ·</td><td></td></g<>	a		:	· · ·	
	Signature of a monibe	r or an authorized representative	s of a member.	•	· · ·	
	(In accordance with sec	tion 608 408(3), Florids Statutes, tutes in affirmation under the pen	the execution	· · · · · · · · · · · · · · · · · · ·	· · ·	
	(In accordance with sec of this document cossi that the facts stated b	tion 608 408(3), Florids Statutes, (uses an affirmation under the pen- ergin arc true.)	the execution		· · · · ·	
	(In accordance with sec of this document cossi that the facts stated b	tion 608 408(3), Plorids Statutes, (utes an affirmation under the pen- erein are true.)	the execution		· · ·	
	(In accordance with sec of this document consti- that the facts stated b Storr Gr G Ty	tion 608 408(3), Florids Statutes, (uses an affirmation under the pen- ergin arc true.)	the execution		· · · · · · · · · · · · · · · · · · ·	
<u>Filling Fors</u>	(In accordance with sec of this document consti- that the facts stated b Storr Gr G Ty	tion 608 408(3), Florids Statutes, (uses an affirmation under the pen- ergin arc true.)	the execution			
<u>Filling Fors</u> \$125.00 Filing 1	(In accordance with sec of this document consti- that the facts stated b <u>State Grap</u> Ty 1 Fee for Articles of Orga	tion 608 408(3), Florids Statutes, (uses an affirmation under the pen- ergin arc true.)	the execution			
<u>Filling Fors</u> \$125.00 Filing 1 of Reg	(In accordance with sec of this document consti- that the facts stated b <u>Source Gra</u> Ty 1 Fee for Articles of Orga istered Agent	tion 608.408(3), Florids Statutes, i tutes in affirmation under the pen- erain arc true.)	the execution			
<u>Killing Foes</u> \$125.00 Filing 1 of Reg \$ 30.00 Certify	(In accordance with sec of this document consti- that the facts stated b <u>State Grap</u> Ty 1 Fee for Articles of Orga	tion 608.408(3), Florids Statutes, i tutes in affirmation under the pen- erain are true.) ped of printed name of signee nization and Designation	the execution			
<u>Killing Foes</u> \$125.00 Filing 1 of Reg \$ 30.00 Certify	(In accordance with sec of this document consti- that the facts stated b <u>Ty</u> 1 Fee for Articles of Orga (stered Agent ed Copy (Optional) cate of Status (Optional	tion 608.408(3), Florids Statutes, i tutes in affirmation under the pen- erain are true.) ped of printed name of signee nimition and Designation	the execution			
<u>Killing Foes</u> \$125.00 Filing 1 of Reg \$ 30.00 Certify	(In accordance with sec of this document consti- that the facts stated b <u>Ty</u> 1 Fee for Articles of Orga (stered Agent ed Copy (Optional) cate of Status (Optional	tion 608.408(3), Florids Statutes, i tutes in affirmation under the pen- erain are true.) ped of printed name of signee nization and Designation	the execution			
<u>Killing Foes</u> \$125.00 Filing 1 of Reg \$ 30.00 Certify	(In accordance with sec of this document consti- that the facts stated b <u>Ty</u> 1 Fee for Articles of Orga (stered Agent ed Copy (Optional) cate of Status (Optional	tion 608.408(3), Florids Statutes, i tutes in affirmation under the pen- erain are true.) ped of printed name of signee nimition and Designation	the execution			
<u>Killing Foes</u> \$125.00 Filing 1 of Reg \$ 30.00 Certify	(In accordance with sec of this document consti- that the facts stated b <u>Ty</u> 1 Fee for Articles of Orga (stered Agent ed Copy (Optional) cate of Status (Optional	tion 608.408(3), Florids Statutes, i tutes in affirmation under the pen- erain are true.) ped of printed name of signee nimition and Designation	the execution			