Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160
Phone : (800)494-3124
Fax Number : (561)455-9885

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

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RECEIVED 10 SEP 24 AM 6: 27 SECRETARY OF STATE ALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.

Dhali's Holistic Bed and Breakfast LLC

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EXAMINER

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608 and/or 621,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

DHALI'S HOLISTIC BED AND BREAKFAST LLC

ARTICLE II ADDRESS

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

14850 FAMILY TRAIL HUDSON, FLORIDA 34669

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

SERGIO GOMEZ 14850 FAMILY TRAIL HUDSON, FLORIDA 34669 M 8 21 F STATE FLORIDA

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.

SERGIO GOMEZ Progistered Agent's signature

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DHALI'S HOLISTIC BED AND BREAKFAST 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 SERGIO GOMEZ 14850 FAMILY TRAIL HUDSON, FLORIDA 34669

MANAGING MEMBER SARAH BOUGHANMI 14850 FAMILY TRAIL HUDSON, FLORIDA 34669 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Signature of a member or an authorized representative of a member (In accordance with section 508.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

SERGIO GOMEZ