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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet



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To:

Division of Corporations

Fax Number

: (850)617-6383

Prom .

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Phone Fax Number : (212)431-5000 : (212)431-1441

**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.

Irrational Exaberance, LLC

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

Electronic Filing Menu

Corporate Filing Menu

B. BOSTICK

FEB 1 6 2011

EXAMINER

2/15/2011

Feb 15 2011 15:13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Irrational Exaberance, LLC

ARTICLE II - Address:

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

Principal Office Address: 9861 Sunrise Lakers Boulevard, Sunrise, FL 33322.

Mailing Address: P.O. Box 450466, Sunrise, FL 33322

ARTICLE III - Registered Agent Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

> BlumbergExcelsior Corporate Services, Inc. 515 East Park Avenue Tallahassee, FL 32301

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 Jose Mojica, Assistant Secretary

(CONTINUED)

BLUMBERGEXCELSIOR

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

MGRM

Penny Stark P.O. Box 450466 Sunrise, FL 33322

MGRM

Bernardo Valle P.O. Box 450466 Sunrise, FL 33322

ARTICLE V

Neither the members of the company nor its managers shall be liable for its debts and obligations under applicable state law.

ARTICLE VI

No member shall be liable for the debts and obligations of any other member under applicable state law.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member. (In accordance with section 608.406(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

> Yvelisse Cruz, Organizer Typed or printed name of signee

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