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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To:

Division of Corporations

Fax Number : (850)617-6383

Effective Date 2/28/11

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : I20000000019 : (305)552-5973 Phone Fax Number : (305)220-1440

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. COLOMBIAN ORCHID, L.L.C.

Certificate of Status Certified Copy

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Page Count **Estimated Charge** \$130.00

Electronic Filing Menu

Corporate Filing Menu

Effective Date 2/28/11

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:	
Colombian Orchicl, L.L.C. (Must and with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:
36 NW 6th Ave # 708 Miami, FL 33128	36 NW 6th Ave #708 Miami FL 33128
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business cutty with an active Florida registration.)	
The name and the Florida street address of the registered agent are: Anthony Granovsky Name 36 NW 6 th Ave # 7.08 Florida street address (P.O. Box NOT acceptable) Miami FL 33128 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	

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM — Wallaging Weinock	Anthony Granovsky 36 NW6+Ave #708 Migmi FL 33128
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 38, 201/. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Anthony Granousky
Typed or printed name of signife

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE DIVISION OF CORPORATIONS
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