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DIVISION OF COMPORATION

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## **COVER LETTER**

TO:	Registration Section Division of Corporation	s	,	
SUBJI	CCT: TOP FLITE	INVESTM	ENTS LLC	
5525			ted Liability Company	
The en	closed Articles of Organiza	tion and fee(s) are	submitted for filing.	
Please	return all correspondence c	oncerning this ma	tter to the following:	
	JORGE BETAI	NCOURT		
			Name of Person	
			Firm/Company	
	500 NIM 404 AV	<i>,</i> _	• •	
	520 NW 124 AV	<u>/</u> E	Address	
_				
	MIAMI FL 33182	C:	ty/State and Zip Code	
	SOUTHSHORELS		·	
-			for future annual report notification)	
For fur	ther information concerning	this matter, pleas	e call:	
JOR	GE BETANCOURT		at (305 ) 218-5462	
	Name of Person		Area Code & Daytime Tele	phone Number
Enclos	ed is a check for the folk	owing amount:		
\$125.00		Filing Fee & cate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	Address tion Section n of Corporations ox 6327 ssee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	



March 29, 2011

JORGE I BETANCOURT 520 NW 124 AVENUE MIAMI, FL 33182

SUBJECT: HIGH TIDE HOLDINGS LLC

Ref. Number: W11000017727

We have received your document for HIGH TIDE HOLDINGS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 511A00007595

District of Comments on D.O. DOV COOF Multiple on D. Elevido COOF

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
TOP FLITE INVESTMENTS LLC
(Must end 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:	
520 NW 124 AVE	520 NW 124 AVE	
MIAMI FL 33182	MIAMI FL 33182	<del></del>
The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	, ————————————————————————————————————	
The name and the Florida street addres	s of the registered agent are:	T Vig
JORGE BETAN	COURT	<b>3</b> 000
JORGE BETAN	NCOURT Name	MAY 1
JORGE BETAN 520 NW 124	Name	MAY 11
520 NW 124	Name	OF CORP
520 NW 124	Name 4 AVE	MAY I'I AM IQ 33

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

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

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

	Name and Address:
"MGR" = Manager "MGRM" = Managing Men	ber
MGR	JORGE BETANCOURT
	520 NW 124 AVE
	MIAMI FL 33182
MGR	VIVAN BETANCOURT
	520 NW 124 AVE
	MIAMI FL 33182
<del></del>	
(Use attachment if necessary	<i>'</i> )
(Use attachment if necessary  LE V: Effective date, if othe fective date is listed, the dat days after the date of filing	r than the date of filing: (OPTIONAle must be specific and cannot be more than five business day
LE V: Effective date, if othe fective date is listed, the date days after the date of filing	r than the date of filing: (OPTIONAle must be specific and cannot be more than five business day
LE V: Effective date, if othe fective date is listed, the date days after the date of filing REQUIRED SIGNATURE	r than the date of filing: (OPTIONAl emust be specific and cannot be more than five business day.)
LE V: Effective date, if other fective date is listed, the date days after the date of filing EEQUIRED SIGNATURE  Signature of the constitutes an affirm I am aware that any constitutes a third details in the constitutes and the constitutes at the details in the constitutes at the details in the constitutes at the constitutes at the details in the constitutes at the consti	r than the date of filing: (OPTIONAle must be specific and cannot be more than five business day.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Fax Audit Number: H11000128340 3

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the limited liability company referenced below submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST -- The name of the limited liability company is Ecksodus 34, LLC.

SECOND -- The name and address of the registered agent and office is:

Scott A. Eckert 765 Camino Lakes Circle Boca Raton, Florida 33486

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.

Dated as of the \_\_\_\_\_ day of May, 2011.

Scott A. Eckert, Registered Agent

4835-0223-8217 I 4516\$40001

SECRETARY OF SIATURE

Fax Audit Number: H11000128340 3