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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800) 494-3124

Fax Number : (561

: (561)455-9885

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FLORIDA LIMITED LIABILITY CO.

RECEIVED JUN 23 AM 10: 12 ECHETARY OF STATE burnbabyburn 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.5.

ARTICLE I NAME

The name of the Limited Liability Company is:

BURNBABYBURN LLC

ARTICLE II ADDRESS

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

23061 VIA STEL BOCA RATON, FLORIDA 33433

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

MAX KAPLAN 23061 VIA STEL BOCA RATON, FLORIDA 33433

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.

MAX KAPLAN 7 Registered Agent's signature

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BURNBABYBURN 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

MAX KAPLAN

23061 VIA STEL

BOCA RATON, FLORIDA 33433

MANAGING MEMBER

SHARI KAPLAN

23061 VIA STEL

BOCA RATON, FLORIDA 33433

MANAGING MEMBER

ROSLYN LITTMAN

23061 VIA STEL

BOCA RATON, FLORIDA 33

DR

MANAGING MEMBER MICHELLE BRODY

23061 VIA STEL

BOCA RATON, FLORIDA 33433

MANAGING MEMBER ROBERTA KAPLAN 23061 VIA STEL

BOCA RATON, FLORIDA 33433

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.

PRINTED NAME OF SIGNEE