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Florida Department of State  
Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
URBAN SHACK, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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B. BOSTICK

JUN 28 2011

EXAMINER  
6/27/2011 2:16 PM

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Urban Shack, 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:55 Merrick Way #519  
Coral Gables, FL 33134Mailing Address:55 Merrick Way #519  
Coral Gables, FL 33134

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Evelyn Fernandez

Name

55 Merrick Way #519Florida street address (P.O. Box NOT acceptable)Coral Gables FL 33134

City, State, and Zip

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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.

Evelyn Fernandez

Registered Agent's Signature (REQUIRED)

(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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Evelyn Fernandez  
55 Merrick Way #519  
Coral Gables, FL 33134

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(Use attachment if necessary)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

Evelyn Fernandez  
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.)

Evelyn Fernandez  
Typed or printed name of signor

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation