L110000083522

Samala Enterprises UC 39365. Sernoran Blvd. Suite 289 Orlando, Fl 32822				
(City/State/Zip/Phone #)				
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SEGRETARY OF STATE

J. SAULSBERRY EXAMINER JUL 20 2011

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited	d Liability Con	npany is:				
Harry	Pan LLC					
(Must end	with the words "Lir	nited Liability	Company, "L.L.C.," or "LLC."	')		
ARTICLE II - Address The mailing address and		of the prin	cipal office of the Limit	ed Liability C	lompa	ny is:
Principal Office Address:		•	Mailing Address:			
3936 S. Semoran Blvd., Orlando, Fl 32822	Suite 289		3936 S. Semoran Blvd. Orlando, Fl 32822	, Suite 289	•	
ARTICLE III - Registe (The Limited Liability Company business entity with an active I	y cannot serve as its	own Registere				
The name and the Floric	la street addres	s of the reg	istered agent are:	SECR ALLA	2011 JUL 19	***************************************
	DENI 3	DUNC	AN	CRETARY LAHASSEI	= =	
	13104 M	Name OSS Par	k Ridge Road	Y OF STATE EE. FLORIDI	≥m ⊃K	
	Florida Orlando,		ss (P.O. Box <u>NOT</u> acceptables 12832	TATE ORIDA	8: 28	
		City, State				

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)

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:
"MGR" = Manager "MGRM" = Managing Membe	er
MGRM	Samala Enterprises, LLC, a Delaware series LLC
	3936 S. Semoran Blvd., Suite 289
	Orlando, Fl 32822
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	ARE
	SSEE AM
	8: 2 STATI FLORI
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(Uga attachment if necessary)	
(Use attachment if necessary)	
CLE V: Effective date, if other th	nan the date of filing: (OPTIONAL)
effective date is listed, the date n	nust be specific and cannot be more than five business days pr
0 days after the date of filing.)	
REQUIRED SIGNATURE:	
	0
1	(\mathcal{A})

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.)

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)