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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
| Considering to Filing Officery |
| Special Instructions to Filing Officer: |
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| A. LUNT |
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

FILED

COVER LETTER

| TO: | Registration Se Division of Cor | | | | |
|----------|------------------------------------|---|--|---|------------------------|
| SURJE | CT: T / | SHE EN | TERPRISES | LLC. | |
| | | Name of Limite | ed Liability Company | | |
| | | | | | |
| The end | closed Articles of | Organization and fee(s) are s | submitted for filing. | | |
| Please | return all correspo | ndence concerning this matt | er to the following: | | |
| | | TAMONYA | | 105 | |
| | | | Name of Person | | |
| | SAN | IDS BY THE | SEA TRAVEL | | |
| • | | | Firm/Company | | |
| | 2925 | CENTER ST | . #4 | | 2011 # SEC: ALL! |
| | | *** | Address | | AUG 18 |
| | | MIAMI F | L 33133 | | <u> </u> |
| : | | tangel E-mail address: (to be lised f | 33133 //State and Zip Code 9 Chotmail (or future annual report notification) | com. | PH 4: 81 |
| For fur | ther information co | oncerning this matter, please | | | |
| TAN | Name of | SANDS Person | at (305) 5 2 °1 Area Code & Daytime Tel | -1547 ephone Number | · |
| Enclos | sed is a check for | the following amount: | | | |
| \$125.00 | • – | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filin Certificate of Certified Cop (additional copy | Status & |
| | <i>}</i> | | | | |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | าร | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE | I - Name |
|---------|----------|
|---------|----------|

The name of the Limited Liability Company is:

T'ASHE ENTERPRISES

(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:

2925 CENTER ST.

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 of another business entity with an active Florida registration.)

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

TAMIONYA M SANDS Name

2925 CENTER ST, SUITE #4.4"

Florida street address (P.O. Box NOT acceptable)

MIAMI FL FL 33133

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)

| "MGRM" = Managing Member MENR TA-MONYA SANDS 2925 CENTER ST, SUITE 40TH MIAMI FL 33:33 MEMR MEMR DRSULA CHISHOLM 2925 CENTER ST, SUITE #4 MIAMI FL 33:33 MEMR MEMR ANTOINETTE CHISHOLAI 2925 CENTER ST, SUITE#4 MIAMI FL 33:33 MEMR LAWRENCE CHISHOLM 2925 CENTER ST, SUITE#4 MIAMI FL 33:33 | <u>Title:</u> "MGR" = Manager | naging Member(s): lager or Managing Member is as follows: Name and Address: |
|--|--------------------------------------|--|
| MGMR Z925 CENTER ST, SUITE 45M MIAMI FL 33:33 MEMR DRSULA CHISHOLM Z925 CENTER ST, SUITE #4 MIAMI FL 33:33 MEMR ANTOINETTE CHISHOLAI Z925 CENTER ST, SUITE#4 MIAMI FL 33:33 MEMR LAWRENCE CHISHOLM Z925 CENTER ST, SUITE#4 | "MGRM" = Managing Member | me 3 |
| MEMR URSULA CHISHOLM 2925 CENTER ST, SUITE #4 MIANI FL 33133 MEMR ANTOINETTE CHISHOLAI 2925 CENTER ST, SUITE#4 MIANI FL 33133 MEMR LAWRENCE CHISHOLM 2925 CENTER ST, SUITE#4 | MER | TAMONYA SANOS |
| MEMR URSULA CHISHOLM 2925 CENTER ST, SUITE #4 MIANI FL 33133 MEMR ANTOINETTE CHISHOLAI 2925 CENTER ST, SUITE#4 MIANI FL 33133 LAWRENCE CHISHOLM 2925 CENTER ST, SUITE#4 | | |
| MEMR ANTOINETTE CHISHOLAI 2925 CENTER ST, SUITE #4 MIANI FL 33133 MEMR ANTOINETTE CHISHOLAI 2925 CENTER ST, SUITE#4 MIANII FL 33133 LAWRENCE CHISHOLM 2925 CENTER ST, SUITE #4 | | 771241 70 33133 |
| MEMR ANTOINETTE CHISHOLAI 2925 CENTER ST, SUITE#4 MIAMI FL 33133 MGIMR LAWRENCE CHISHOLM 2925 CENTER ST, SUITE#4 | MEMR | URSULA CHISHOLM |
| MEMR ANTOINETTE CHISHOLAI 2925 CENTER ST, SUITE# 4 MIAMI FL 33:33 LAWRENCE CHISHOLM 2925 CENTER ST, SUITE#4 | | 2925 CENTER ST, SUITE #4 |
| MGMR LAWRENCE CHISHOLM 2925 CEMERST, SUITE#4 LAWRENCE CHISHOLM 2925 CEMERST, SUITE#4 | | MIANI FL 33133 |
| MGMR LAWRENCE CHISHOLM 2925 CEMER ST, SUITE #4 | MEMR | ANTOINETTE CHISHOLAI |
| MGMR LAWRENCE CHISHOLM 2925 CEMERST, SUITE #4 | | 2925 GENTER ST, SUITE# 4 |
| 2925 CEMERST, SUITE #4 | | MIANI EL 33133 |
| | MGMR | LAWRENCE CHISHOLM |
| MIAMI FL 33133 | | |
| | | MIAMI FL 33133 |
| | (Use attachment if necessary) | |
| (Ose attachment if necessary) | LEV: Effective date, if other than t | he date of filing: . (OPTIONA |
| | | |
| LE V: Effective date, if other than the date of filing: (OPTIONA ffective date is listed, the date must be specific and cannot be more than five business day | days after the date of filing.) | |

(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.)

Signature of a member or an authorized representative of a member.

TAMONYA M. SANDS

Typed or printed name of signee

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)