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SECRETARY OF STATE

The Law Offices of Steven H. Coven

October 18, 2011

scovenlaw@hotmail.com

VIA REGULAR MAIL
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Formation of 3L Birds, LLC

Articles of Organization

Gentlemen:

Please find enclosed herein a check in the amount of \$125.00, which represents the filing fee for the above noted entity. In that regard, please also find enclosed herein executed articles of organization for 3L Birds, LLC. Please file the same in your usual manner.

Should you have any questions concerning the foregoing, please feel free to contact me.

Very Truly Yours,

Steven H. Coven

COVER LETTER

| TO: Registration Section Division of Corpora | | | |
|--|---|---|--|
| SUBJECT: 3L Birds, | LLC | | |
| | | ted Liability Company | |
| The enclosed Articles of Organ | nization and fee(s) are | submitted for filing. | |
| Please return all correspondence | ce concerning this mat | ter to the following: | |
| Steven Cove | n | Name of Person | |
| | | Name of Ferson | |
| | | Firm/Company | |
| 115 Westwick | c Way | | |
| | <u> </u> | Address | _ |
| Copley, Ohio 4 | 4321 | | |
| | | ty/State and Zip Code | |
| stevencoven@h | otmail.com | • | |
| E-n | nail address: (to be used | for future annual report notification) | |
| For further information concern | ning this matter, pleas | e call: | |
| Steven Coven | | at (330) 666-6179 | |
| Name of Perso | on | Area Code & Daytime Tele | phone Number |
| Enclosed is a check for the f | ollowing amount: | | |
| | 0.00 Filing Fee & rtificate 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) |
| Regi Divi P.O. | ling Address istration Section ision of Corporations Box 6327 ahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ART | rici | Æ I | - Na | me |
|-----|------|-----|------|----|
| | | | | |

The name of the Limited Liability Company is:

3L Birds, 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:

1033 Raintree Drive

Palm Beach Gardens, Florida 33410

1033 Raintree Drive Palm Beach Gardens, Florida 33410

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 or another business entity with an active Florida registration.)

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

Bryan Shea

Name

1033 Raintree Drive

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

Palm Beach Gardens FL 33410

City, State, and Zip

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 positive agent as provided for in Chapter 608, F.S..

> Register d 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:

| Title: | Name and Address: |
|--|--|
| "MGR" = Manager "MGRM" = Managing Membe | er - |
| Mer | Bryan Shea |
| | 1033 Raintree Drive |
| | Palm Beach Gardens, Florida 33410 |
| MGR | Jack Coven |
| | 23945 Mercantile Road, Suite 2 |
| | Beachwood, Ohio 44122 |
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| (Use attachment if necessary) | |
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| CLE V: Effective date, if other th | nan the date of filing: (OPTIONAL) |
| effective date is listed, the date n 90 days after the date of filing.) | nust be specific and cannot be more than five business days prio |
| o days after the date of fining.) | |
| | |
| REQUIRED SIGNATURE: | |
| | |
| X + | 4. C- |
| Signature of a | member or an authorized representative of a member. |
| (In accordance with sect | tion 608.408(3), Florida Statutes, the execution of this document |
| | on 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.)

Steven Coven

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)