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Lawren	ce F. K	Michelson,
(Requestor's Name)
1550 1	Madrugi	a Ave.
Ste	120 Address)	
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<u>Coral</u> E	ables,+	1 33146 ne #)
(City/State/Zip/Phor	ne #)
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EFFECTIVE DATE

FILED

12 JAN 17 PM 3: 57

SECRETARY OF STATE
FALL AHASSEE, FLORID.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CPP (March

WINGS COIN			_	
(Must	end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Add				
The mailing address	and street addres	ss of the principal office of the Limited Liabilit	y Compan	
Principal Office Address:		Mailing Address:	Mailing Address:	
10301 S.W. 69th Ave.		same		
		Same		
Miami, FL 33156 ARTICLE III - Reg	gistered Agent, l	Registered Office, & Registered Agent's Sign		
ARTICLE III - Reg (The Limited Liability Combusiness entity with an act	gistered Agent, I pany cannot serve as ive Florida registratio	Registered Office, & Registered Agent's Sign its own Registered Agent. You must designate an individual on.) ess of the registered agent are:		
ARTICLE III - Reg (The Limited Liability Combusiness entity with an act	ristered Agent, la pany cannot serve as ive Florida registratio orida street addre	Registered Office, & Registered Agent's Sign its own Registered Agent. You must designate an individual on.) ess of the registered agent are:	ranother 2 JAN 17	
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ARTICLE III - Reg (The Limited Liability Combusiness entity with an act The name and the Flo	gistered Agent, I pany cannot serve as ive Florida registratio orida street addre Lawrence Mic	Registered Office, & Registered Agent's Sign its own Registered Agent. You must designate an individual on.) ess of the registered agent are: helson Name 7. 69th Ave.	ranother 12 JAN 17 PK	

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:

<u>Title:</u> "MGR" = Ma "MGRM" = N	nager Managing Member	Name and Address:		
MGR		Lawrence Michelson 10301 SW 69th Ave. Miami, FL 33156		
MGR		Lance Tchor 16501 Millan de Avila Tampa, FL 33613		
		- Milipai, 1 is 00010		
				
(Use attachme	ent if necessary)			
	listed, the date must be sp	e of filing: <u>January 23, 2012</u> . (OPTIONAL) ecific and cannot be more than five business days prior		
REQUIRED	SIGNATURE:	12 JAN SECRET TALLAH		
	- n.	SSA 5 F		
	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 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.)				
Larry Michelson				
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)