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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

Division of Corporation	ons		
SUBJECT: EA ENTER	RPRISES LLO	C	
		d Liability Company	
The enclosed Articles of Organi	zation and fee(s) are s	ubmitted for filing.	
Please return all correspondence	concerning this matte	er to the following:	
ERNST ARNE	ΞY	· .	
		Name of Person	
		Firm/Company	
P.O. BOX 381			
1.0.,007.301	202	Address	
MIAMI FL., 3323		/State and Zip Code	
	O.C.	, state and bip obac	
E-ma	il address: (to be used fo	or future annual report notification)	
For further information concerni	ing this matter, please	call:	
ERNST ARNEY		at (305) 903-1606	
Name of Person	ı	Area Code & Daytime Tele	phone Number
Enclosed is a check for the fo	llowing amount:		
	00 Filing Fee & ificate 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)
Regis Divis P.O. I	ng Address tration Section ion of Corporations Box 6327 hassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	



January 25, 2012

ERNST ARNEY P.O. BOX 381262 MIAMI, FL 33238-1262

SUBJECT: EA ENTERPRISES LLC. Ref. Number: W12000004701

We have received your document for EA ENTERPRISES LLC. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

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Letter Number: 612A00001864

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EA ENTERPRISES 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:

P.O. BOX 381262 1475 NW 124 A. P.O. BOX 381262 MIAMI FL, 33238-1262

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:

Name

1425 NW 124 ST

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

MIAMI FL 33167
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 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:

'MGRM" = Managing Member	
MGR	ERNST ARNEY
	P.O. BOX 381262
	MIAMI FL, 33238-1262
MGRM	ANSY JOSEPH
	P.O. BOX 381262
	MIAMI FL, 33238-1262
MGRM	RICHARD ALEXANDRE
	P.O. BOX 381262
	MIAMI FL, 33238-1262
·	
Use attachment if necessary)	
Ose attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTION
	ist be specific and cannot be more than five business da
days after the date of filing.)	

---- 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.)

ERNST ARNEY

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)

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SECRETARY OF STATE
TAIL AHASSEF, FLORID