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FAX AUDIT NO.: H12000178607 3

Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
Phone : (305)442-1567
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.
HIGH NOTE SPECIALTIES LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	$160.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:
The name of the Limited Liability Company is:

HIGH NOTE SPECIALTIES LLC

ARTICLE II – Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 9121 SW 113 Place Circle West
Miami, FL 33176

Mailing Address: 9121 SW 113 Place Circle West
Miami, FL 33176

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

M.J. F. Registered Agent Corp.
Name

153 Sevilla Avenue
Florida Street Address (No P.O. Box)

Coral Gables, Fl 33134
City, State, and Zipcode

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 statues 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
(Michael J. Freeman, President)

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ARTICLE IV – Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGRM	Marsha Darrow 9121 SW 113 Place Circle West Miami, FL 33176
MGRM	Louis Kerti 9121 SW 113 Place Circle West Miami, FL 33176

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member
(In accordance with section 608.408(3), Florida Statues, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Louis Kerti, Managing Member
Type or print name of signee

Filing Fees:
$125.00 Filing Fee for Articles of Organization & Designation of Registered Agent
$30.00 Certified Copy (Optional)
$5.00 Certificate of Status (Optional)

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