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COVER LETTER

TO: Registrati Division o	ion Section If Corporations	
SUBJECT:	Gimlet Ent	terprises, LLC Liability Company
*	Name of Limited	Liability Company
The enclosed Articl	les of Organization and fee(s) are sub	omitted for filing.
Please return all con	rrespondence concerning this matter	to the following:
	Anthony Ho	ing
	Arnstein & Leh	rm/Company
	200 S. Bis	scarne Blud., Suite 360
	Mlami, FL	33/3 / tate and Zip Code
	City/S	tate and Zip Code
	E-mail address: (to be used for	Smail. Com future annual report notification)
	tion concerning this matter, please ca	
Anthon	ny Kang a	t (<u>786</u>) <u>269. 4/47</u> Area Code & Daytime Telephone Number
Enclosed is a chec	ck for the following amount:	
	_	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

* ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

Gimlet Enterprises, LLC

ARTICLE II - Address

The mailing address and street address of the principal office of Liability Company is:

Principal Office Address: 55 Merrick Way, Unit 524 Coral Gables, Florida, 33134 Mailing Address: 55 Merrick Way, Unit 524 Coral Gables, Florida, 33134

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature

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

Anthony Kang Arnstein & Lehr LLP 200 South Biscayne Boulevard, Suite 3600 Miami, Florida 33131

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 Agnature

(CONTINUED)

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 Member

Managing Member

Norman A. Newell

55 Merrick Way, Unit 524 Coral Gables, Florida, 33134

Managing Member

Anthony Kang

55 Merrick Way, Unit 609 Coral Gables, Florida, 33134

ARTICLE V - Effective Date

Effective Date: September 1, 2012

SECRETARY OF STATE
TALLAHASSEE, FLOREDA

REQUIRED SIGNATURE:

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.)

Anthony Kang, Managing Member
Type or printed name of signee