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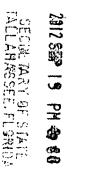
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COVER LETTER

TO: Registration Section Division of Corporations		
Faded Days L.L.C	C .	
	Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Benjamin Saperia		
	Name of Person	
Faded Days L.L.C.		
	Firm/Company	
6735 Conroy Road,	Suite 105	
	Address	
Orlando, FL 32835		17 17 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	City/State and Zip Code	AGSEELF
bsaperia@hotmail.com		
E-mail address: (to be	used for future annual report notification)	The R
For further information concerning this matter, p	please call:	
Benjamin Saperia	at (407) 5165356	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amour	nt:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Statu		f Status &
Malling Address Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 32314	Clifton Building	

4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability C	ompany is:
Principal Office Address:	Mailing Address:	
6735 Conroy Road, Suite 105 Orlando	6735 Conroy Road, Suite 105	
-L 32835	FL 32835	
	FL 32033	
ARTICLE III - Registered Agent, Reg	istered Office, & Registered Agent's Signature an individual or and signate an individual or and of the registered agent are:	ther 2312 Sa
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	istered Office, & Registered Agent's Signature an individual or and signate an individual or and of the registered agent are:	ther 2312 Sa
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	istered Office, & Registered Agent's Signature with Registered Agent. You must designate an individual or and of the registered agent are:	2312 SE7 1 9
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address Benjamin Saper	ristered Office, & Registered Agent's Signature with Registered Agent. You must designate an individual or and of the registered agent are:	2312 SEP 19 PM
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address Benjamin Saper 3362 Robert Tre	vistered Office, & Registered Agent's Signature was Registered Agent. You must designate an individual or ano of the registered agent are:	2312 SEP 19 PH 49 5

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)

Page 1 of 2

"MGR" = Managing Member "MGRM" = Managing Member (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: 10-01-2012. (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days produced by the date of filing.) REQUIRED SIGNATURE:		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: 10-01-2012. (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days 10 days after the date of filing.) REQUIRED SIGNATURE:		
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(// 1/11)		
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Signature of a member or an authorized representative of a member.	Λ ///	

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.) Benjamin Saperia
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)