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Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
ALBI INVESTMENTS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

C. LEWIS
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H12000260921

#7632 P.002/004
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2012 OCT 31 AM 7:56

October 30th 2012

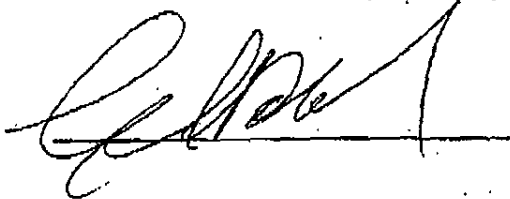
Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of ALBI INVESTMENTS, LLC
of Doc # L09000014659 are the same owners of the attached
articles of incorporation. We have dissolved the company and have no intention
of reopening it. Thank you for your help in this matter.

Very sincerely,

A handwritten signature in black ink, appearing to be "C. M. [unclear]", written over a horizontal line.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Albi Investments LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:2301 Collins Ave STE 522
Miami FL 33139**Mailing Address:**2301 Collins Ave STE 522
Miami FL 33139**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:

Edoardo Borrelli

Name

2301 Collins Ave STE 522

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

Miami Beach FL 33139

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)

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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:

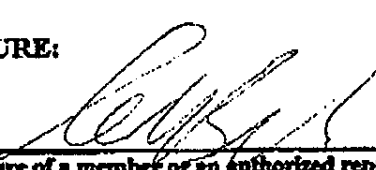
"MGR" - Manager

"MGRM" - Managing Member

Edoardo Borrelli;
(MGRM)Name and Address:2301 Collins Ave STE 522
Miami Beach FL 33139

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/30/2012 (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Edoardo Borrelli

Typed or printed name of signer

H12000260021