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NOV 15

Division of Corporations

Fax Number : (850)617-6383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305)634-3694

Fax Number

: (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:



FLORIDA LIMITED LIABILITY CO. PHUTURE LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$155.00

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PAGE 01/04

EMPIRE CORP

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 Pax Number : (305)633-9696

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA LIMITED LIABILITY CO. PHUTURE LLC

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11/14/2013

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TRANSMISSION VERIFICATION REPORT





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The Name of the Limited Liability Company shall be:

PHUTURE LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the at.

ARTICLE III

The mailing address and street address of the principal office of the limited liability company is: 7604 APPLE TREE CIRCLE, ORLANDO, FL 32819

ARTICLE IV

The name of the Managing Member and Manager(S) shall be:

MANAGING MEMBER/MANAGER

TALEB GHAZAL 7604 APPLE TREE CIRCLE ORLANDO, FL 32819

ARTICLE V

The name and Florida street address of the registered agent shall be:

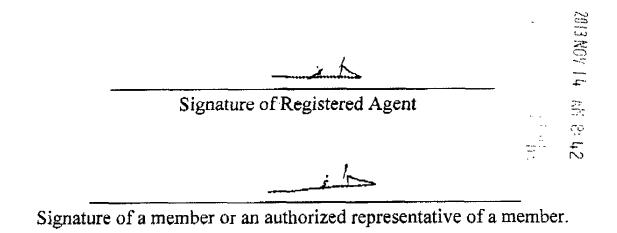
TALEB GHAZAL 7604 APPLE TREE CIRCLE ORLANDO, FL 32819

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

PHUTURE LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.



(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)

TALEB GHAZAL

Typed or printed name signee

W750500 1757 30505066