Division of Co Florida Department of State

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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

extine smail address for this business entity to be used for future animal report mailings. Enter only one email address please.**

Email Address:

FLORIDA LIMITED LIABILITY CO. FEATA ENTERPRISE NO. 1, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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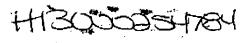
Help

B. BOSTICK

NOV 19 2013

EXAMINER

11/18/2013





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of th	Name: e Limited Liability Com	pany is:
Feeta Enterprise N		
	(Must end with the words "Lin	ited Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - The mailing ad-		of the principal office of the Limited Liability Company is:
Principal Offic	ce Address:	Malling Address:
8920 NW 12th Ave	IUUB	8920 NW 12th Avenue
Mlami, Florida 3318	50	Mlami, Florida 33150
ARTICLE III (The Limited Liabili business entity with	- Registered Agent, Re ty Company cannot serve as its of an active Florida registration.) he Florida street address	gistered Office, & Registered Agent's Signature: with Registered Agent. You must designate an individual or mother of the registered agent are:
ARTICLE III (The Limited Liabili business entity with	- Registered Agent, Re ty Company cannot serve as its of an active Florida registration.) he Florida street address	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or mother
ARTICLE III (The Limited Liabili business entity with	- Registered Agent, Re ty Company cannot serve as its of an active Florida registration.) he Florida street address	gistered Office, & Registered Agent's Signature: with Registered Agent. You must designate an individual or another of the registered agent are: ward L. Kukor, Esq.
ARTICLE III (The Limited Liabili business entity with	- Registered Agent, Rety Company cannot serve as its of an active Florida registration.) the Florida street address Ho 9200 South 6	gistered Office, & Registered Agent's Signature: www.Registered Agent. You must designate an individual or another of the registered agent are: ward L. Kuker, Esq. Name
ARTICLE III (The Limited Liabili business entity with	- Registered Agent, Rety Company cannot serve as its of an active Florida registration.) the Florida street address Ho 9200 South 6	Milami, Florida 33150 gistered Office, & Registered Agent's Signature: non Registered Agent. You must designate an individual or mother of the registered agent are: ward L. Kuker, Esq. Name Dadeland Boulevard, Suite 508 street uddress (P.O. Box NOT acceptable)

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.

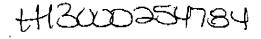
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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	MGRM" = Manager MGRM" = Manag			
N	AGRM	_	Albert K. Mayo	
		-	8920 NW 12th Avenue	
			Miami, FL 33150	-
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ricl. in eff or to o	E V: Effective date ective date is lister 190 days after the EQUIRED SIGN Signature (In accordense) tam aware	te, if other than the dice, if other than the date of, the date must be determined and the date of filing.) NATURE: ignature of a member of the date with section 608.40 an affirmation under the that any false information that any false information that any false information that the date of	or an authorized representative of a member. 28(3), Florida Statutes, the execution of this document	iness days ZUI3 NOV 18 A

ARTICLE IV- Manager(s) or Managing Member(s):

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)