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To:

Division of Corporations

Fax Number : (850)617 6383

Firom:

Account Name : CLARA GIRALDO, P.A.

Account Number : [19990000017

Phone : (305)485-9300

Fax Number

: (305)485-1098

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. PALM BEACH TIKI, LLC.

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DEC - 4 2013

CLARA GIRALDO P.A

H13 000 263 9803

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

PALM BEACH TIKI, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company Is:

PALM BEACH TIKI, LLC.

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SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE
AND LAHASSEE, FLORIDA

ARTICLE II - ADDRESS

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

13659 61 PLACE NORTH WEST PALM BEACH, FL. 33411

ARTICLE III - REGISTERED AGENT. REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

MARIO LEQUERIQUE

13659 51 PALCE NORTH
Florida street address (P.O.BOX NOT acceptable)
WEST PALM BEACH, FL. 33411
City, State, and Zip

CLARA GIRALDO P.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300 H13000263980 3.

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 AGENTS SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

MARIO LEQUERIQUE 13659 51 PLACE NORTH WEST PALM BEACH, FL. 33411 MANAGER:

JODAN OCEOLA 13659 51 PLACE NORTH WEST PALM BEACH, FL. 33411

MANAGER

(An additional article must be added if an effective date is requested)

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.)

MARIO LEQUERIQUE

Typed or printed name of signee