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1. **1815 Calle Ocho LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

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TALLAHASSEE FLORIDA

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1815 CALLE OCHO LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEAN F. DIBARTOLOMEQ, Esq.
Name of Person

LAW OFFICES OF DIBARTOLOMEQ & DIBARTOLOMEQ PA
Firm/Company

8400 BIRD ROAD
Address

MAIML FLORIDA 33155
City/State and Zip Code

dean@ddlloffices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dean F. DiBartolomeo, Esq at (305) 226-2276
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**ARTICLES OF ORGANIZATION OF
1815 CALLE OCHO LLC**

ARTICLE I - NAME: The name of this Limited Liability Company is

1815 CALLE OCHO LLC

ARTICLE II - ADDRESS: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 20 Island Avenue, Unit 218, Miami Beach, Florida 33139

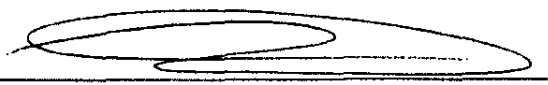
Mailing Address: 1300 Jonge Street, Suite 301, Toronto, Ontario, Canada M4T1X3

ARTICLE III -REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE: The name of the registered agent and the Florida street address of the registered office for the Limited Liability Company are:

Name: Dean F. DiBartolomeo, Esq.

Address: 8400 Bird Road, Miami, Florida 33155

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 605, F.S.

Signature 
Printed name Dean F. DiBartolomeo, Esq.
Capacity Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV – MANAGEMENT: The Limited Liability Company shall be a manager-managed company. The name, address and title of the person authorized to manage and conduct the business of the Limited Liability Company is as follows:

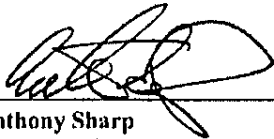
Name: Anthony Sharp
Address: 20 Belle Plaza, Unit 218, Miami Beach, Florida 33139
Title: Manager (MGR)

ARTICLE V – EFFECTIVE DATE AND TIME: The effective date and time shall be at 12:01 AM on April 28, 2014.

ARTICLE VI - ADDITIONAL PROVISIONS: The following additional provisions shall apply:

1. **Nature of Business:** The nature of the business and the objects and purposes to be transacted and carried on are to engage in any and every activity or business as lawfully permitted under the laws of the State of Florida and the laws of the United States of America.
2. **Term of Existence:** The Limited Liability Company shall exist perpetually.

In accordance with section 605.0203 (1) (b), 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.

Signature 
Printed name Anthony Sharp
Capacity Authorized Representative of a Member

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TALLAHASSEE, FLORIDA

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