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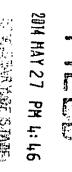
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JUN 0 3 2014

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Hamster 905, LLC				
Name of Lir	mited Liability Company			
The enclosed Articles of Organization and fee(s) a	re submitted for filing.			
Please return all correspondence concerning this m	natter to the following:			
Thomas Scott				
	Name of Person			
Thomas E. Scott, PA		· · · · · · · · · · · · · · · · · · ·		
	Firm/Company			
4120 Cedar Creek Road				
	Address			
Boca Raton, FL 33487		等。 第一	2014	
C	City/State and Zip Code		AY 2	PRESIDENT PRESIDENT
tescott@aol.com F-mail address: (to be use	d for future annual report notificat	ion)	÷ –	
For further information concerning this matter, ple	·		7 Hd	
		74.5 (4)	91:4	
Thomas Scott at (•	
Name of Person	Area Code Daytime Tele	phone Number		
Enclosed is a check for the following amount:				
\$125.00 Filing Fee . \$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing I Certificate of Sta Certified Copy (additional copy is	atus &	d)
Mailing Address	Street/Courier Addre	<u>ess</u>		
Registration Section Division of Corporations	Registration Section Division of Corporation	ons		
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Cente Tallahassee, FL 3230			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Hamster 905, LLC (Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")	-	
	naomity Company, B.B.C., G. BBC.		
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1167 Hillsboro M #116ile Hillsboro Beach, 33444	same		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.) The name and the Florida street address of the registered agent Thomas Scott Name	egistered Agent. You must designate an indivi	2014 HAY 27	
4120 Cedar Creek Road	# 154 # 154	PK	है-औ <i>न्</i>
Florida street address (P.O. Box N	IOT acceptable)	£.	ALLOW SET
Boca Raton,	FL 33487	46	
City	Zip		
Having been named as registered agent and to accept servi the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblige Chapter Registered Agent's Signature (CONTINUE)	he appointment as registered agent and agree if all statutes relating to the proper and complete actions of my position as registered agent as professors.	to act in e perfor	n this mance

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Karen Silverman
	1167 Hillsboro Mile #116
	Hillsboro Beach, FL
MGR	Renee Scott
	4120 Cedar Creek Road
	Boca Raton, FL 33487
AMBR	Maria Diaz
	10000 SW 129 Terrace
	Mjami, FL 33176
	T
	<u>T</u>
(Hospitashmout if massesses)	
(Use attachment if necessary) EV: Effective date, if other than the ective date is listed, the date must be filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ective date is listed, the date must be filling.) E VI: Other provisions, if any.	date of filing: (OPTIONAL) De specific and cannot be more than five business days prior to or 90
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ARTICLE IV-