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DIVISION OF CORPORATIONS
2014 AUG 13 PM 4:27
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FILED
14 AUG 13 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Christina Walker

DATE: 8/13/2014

REF. #: 9242060

CORP. NAME: ILLUSIONS AMERICAS LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70025552 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

ILLUSIONS AMERICAS LLC

ARTICLE I. NAME

The name of the Limited Liability Company is ILLUSIONS AMERICAS LLC.

ARTICLE II. ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 990 Biscayne Boulevard, Suite 503, Miami, Florida 33132.

ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the registered agent are NRAI Services, Inc., 1200 South Pine Island Road, Plantation, Florida 33324.

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 of the Florida Statutes.

Katie Womack, Asst. Sec.
Registered Agent's Signature

Date: August 13, 2014

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ARTICLE IV. MANAGERS

The names and addresses of the Managers of the Limited Liability Company are as follows:

Faisal Memon
990 Biscayne Boulevard
Suite 503
Miami, Florida 33132

Rilwan Meeran
990 Biscayne Boulevard
Suite 503
Miami, Florida 33132

Gabrielle Schmidt
990 Biscayne Boulevard
Suite 503
Miami, Florida 33132

Date: August 13, 2014



Christopher Tillson, Authorized Person

In accordance with Section 605.0203(1)(b) of the 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 Section 817.155 of the Florida Statutes.

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