Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000246424 3)))

H14000246424 3ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850)385-6735
Fax Number : (954)641-4192

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
FABULACE HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$155.00

RECEIVED
14 OCT 21 PM 12:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FILED
14 OCT 21 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

J. Silvers OCT 22 2014

H14000246424

ARTICLES OF ORGANIZATION
OF
FABULACE HOLDINGS, LLC

ARTICLE I - NAME

The name of the limited liability company is FABULACE HOLDINGS, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:	Mailing Address:
110 East Broward Boulevard, Suite 1700 Fort Lauderdale, Florida 33301	2101 NW Corporate Boulevard, Suite 400 Boca Raton, Florida 33431

FILED
14 OCT 21 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Ian M Berkowitz, Esq.
2101 NW. Corporate Blvd., Suite 400
Boca Raton, Florida 33431

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.

Ian M. Berkowitz, Esq.

H14000246424

H14000246424

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGMR" = Managing Member	
MGMR	Ian M. Berkowitz 2101 NW Corporate Boulevard, Suite 400 Boca Raton Florida 33431
MGMR	Darius Johnson 110 East Broward Boulevard, Suite 1700 Fort Lauderdale Florida 33301
MGMR	Samuel Peterson 110 East Broward Boulevard, Suite 1700 Fort Lauderdale Florida 33301

FILED
14 OCT 21 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

(In accordance with section 605.[illegible], Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ian M. Berkowitz

Typed or printed name of signee

H14000246424