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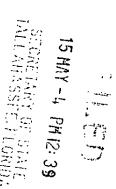
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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| COVER LETTER |
|---|
| TO: Registration Section Division of Corporations |
| SUBJECT: EUGENICS Group L.L.C. 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: |
| Matthew J. Zabielinski Name of Person |
| Name of Person |
| |
| Firm/Company |
| 12973 SW 112 Street #320 Address |
| Address |
| Miami, FL 33186 City/State and Zip Code Matthew z 96@aol. com E-mail address: (to be used for future annual report notification) |
| City/State and Zip Code McHbew z Qh@ani |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Matthew J. Zabelinski at (786) 376-6727 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □\$155.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) |
| Mailing Address Registration Section Street/Courier Address Registration Section |

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | | |
|---|---|----------|
| Eugenics Grou | Liability Company, "L.L.C.," or "LLC.") | |
| (Must end with the words "Limited L | Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the principal office | fice of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 14891 SW 170 terrace Miami, FL 33187 | 12973 SW 112 ST #320 Miami, FL 33186 | |
| ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own Remother business entity with an active Florida registration.) | | |
| The name and the Florida street address of the registered ag | agent are: | |
| Matthew Zabi | sielinski | |
| Name | | |
| 14891 SW 1 | 170 Terrace | |
| Florida street address (P.O. Box N | | |
| _ Miami | FL 33187 | |
| City | Zip | |
| capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig | vice of process for the above stated limited liability company the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performant gations of my position as registered agent as provided for its er 605, F.S | s ice |
| - Hartim | | ·] |
| Registered Agent's Signatur | ire (REQUIRED) | •• |
| (CONTINUEI | D) 77 SIA (7) ORI | |
| Page 1 of 2 | | |

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|--|---|
| "MGR" = Manager MGR | Matthew Joseph Zabielinski |
| | 14891 SW 170 FETTACE |
| | Migmi IFL 33187 |
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| (Use attachment if necessary) | |
| fective date is listed, the date must | be specific and cannot be more than five business days prior to or 90 |
| fective date is listed, the date must of filing.) LE VI: Other provisions, if any. | be specific and cannot be more than five business days prior to or 90 |
| fective date is listed, the date must of filing.) | be specific and cannot be more than five business days prior to or 90 |
| fective date is listed, the date must of filing.) LE VI: Other provisions, if any. | be specific and cannot be more than five business days prior to or 90 |
| REQUIRED SIGNATURE: Signature of (In accordance with section 60) | f a member or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document |
| REQUIRED SIGNATURE: Signature of (In accordance with section 60 titutes an affirmation under the pena aware that any false information su | f a member or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. bmitted in a document to the Department of State ided for in s 817 155 FS.) |
| REQUIRED SIGNATURE: Signature of (In accordance with section 60 titutes an affirmation under the pena aware that any false information su titutes a third degree felony as prov | f a member or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. bmitted in a document to the Department of State ided for in s.817.155, F.S.) |
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