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**FLORIDA LIMITED LIABILITY CO.
THUNDER MARKET, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

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2005 MAY -8 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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15 MAY -8 AM 10:00
BUREAU OF CORPORATE
COMMERCIAL
REGISTRATION
SERVICES

03/19/2033 06:22
MAY-08-2015 15:29

VIGO & VIGO, LLP

#2799 P.002/003

305 266-5758 P.004

H15000113395

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THUNDER MARKET, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7900 HARBOR ISLAND DR.
STE 704
NORTH BAY VILLAGE, FL 33141

7900 HARBOR ISLAND DR.
STE 704
NORTH BAY VILLAGE, FL 33141

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DAMIAN DE LUCA

Name

7900 HARBOR ISLAND DR. STE 704

Florida street address (P.O. Box NOT acceptable)

NORTH BAY VILLAGE FL 33141

City

Zip

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.

Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

DAMIAN DE LUCA

7900 HARBOR ISLAND DR. STE 704
NORTH BAY VILLAGE, FL 33141

NICOLAS ALSTON

7900 HARBOR ISLAND DR. STE 704
NORTH BAY VILLAGE, FL 33141

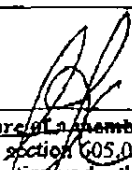
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
(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.)

DAMIAN DE LUCA

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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