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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

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FLORIDA LIMITED LIABILITY CO.  
RETURN TO DESTINY LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I: NAME**

The name of the Limited Liability Company is:

**RETURN TO DESTINY LLC**

**ARTICLE II: Address**

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

**7820 CHIMINEAS AVE  
RESEDA CA 91335**

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT SIGNATURE**

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

**RICHARD GUARINO  
2590 BARKLEY DR E,D  
WEST PALM BEACH, FLORIDA 33415**

Having been named as registered agent 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

x: 

**RICHARD GUARINO / Registered Agent's Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06 F.S.

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**RETURN TO DESTINY LLC**

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

AMBR = AUTHORIZED MEMBER MGR = MANAGER

**AMBR:  
BEN-HUR SEPEHR  
7820 CHIMINEAS AVE  
RESEDA CA 91335**

**ARTICLE V: ANY OTHER PROVISION OR PURPOSE OF THE LIMITED LIABILITY COMPANY**

X *Ben Hur Sepede*

**BEN-HUR SEPEHR**

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.)

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I acknowledge that I have read the above "Notice of Annual Report" statement and understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this LLC and every year thereafter to maintain "active" status.

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