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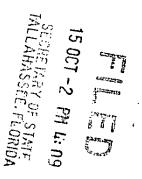
(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL MAIL
(Ві	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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T. Buret (1994 8.2015)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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Smoke Signals St					
(Must e	end with the words "Limited	d Liability Compa	ny, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and stre	et address of the principal o	office of the Limit	ed Liability Company is:		
<u>Prin</u>	cipal Office Address:		Mailing Addre	<u>ss</u> :	
280 NW. 46th Str	280 NW. 46th Street		280 NW 46th Street		
Miami, FL 33127		M	iami, FL 33127	``	
The name and the Florida str	eet address of the registered Phillip Agnew	d agent are: Name		EGRETARY	5 OCT -2
	280 NW, 46th Street			100 m	
	Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)	FLORIDA	<u> </u>
	Miami	FL	33127	85	9
	City	State	Zip	25	
lace designated in this certific orther agree to comply with th	rate, I hereby accept the app e provisions of all statutes r	ointment as regist elating to the prop	the above stated limited liabili ered agent and agree to act in er and complete performance nt as provided for in Chapter 6	this capacity. of my duties, a	I

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Page 1 of 2

<u>Title:</u> "AMBR" = Authorized	Mamhan	Name and Address:	
"MGR" = Manager	wiember		
AMBR, MGR		Aja Monet Bacquie	
		280 NW. 46th Street	_
		Miami, FL 33127	_
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EV: Effective date, if o ective date is listed, the filing.)	ther than the date of date must be speci	filing: (OPTIONAL) fic and cannot be more than five business days prior to or	
EV: Effective date, if o ective date is listed, the of filing.) the date inserted in this nent's effective date on	ther than the date of date must be speci block does not meet the Department of	fic and cannot be more than five business days prior to or et the applicable statutory filing requirements, this date will	
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ARTICLE IV-