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To:	page. Doing so will generate another cover sheet. Division of Corporations Fax Number : (850)617-6381	
From	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944	
алпи	ne email address for this business entity to be used for fu al report mailings. Enter only one email address please.**	
	1 Address:	
	FLORIDA LIMITED LIABILITY CO. SALOUNGE LLC	FIT STATE
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	ARTICLES OF ORGANIZATION		
	FOR		
]	FLORIDA LIMITED LIABILITY COMP.	ANY	
	<u>I - Name:</u>		
The name (=1.1.C., * or *11.C	f the Limited Liability Company is: (Must and with the words "Limited ")	Liability Company,	
ر	SALOUNGE LLC		
ARTICLE	<u>II - Address:</u> g address and street address of the principal office of the Li	mited Liability	
Company i	10716 CORAL WAY, MIAMI, FL, 3	ZIA	
	10716 LOUAL WAY FUTATILY TO	2161	
-	-	<u></u>	
_			
ARTICLE	<u>III - Registered Agent, Registered Office:</u>		
The name	and the Florida street address of the registered agent are; o	he Limited Liability	
Company can with an active	not serve as its own Registered Agent. You must designate an individual or an Florida registration.)	pther business entity	
	ALIZ SASS		
-	10716 Coralway Mian	ni ri	
-	TO THE COLOT OF THE	DIL FL	
-		0100	
ARTICLE	IV-		
The name	and title of each person authorized to manage and control t	he Limited	
Liability C			
	ALIZ SASS (AMBR)		
_	EDWIN REATEGUI (AMBR)	·	
	· · · · · · · · · · · · · · · · · · ·	SEC	
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Required Signatures:

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.\$.

ALIZ SASS Typed or printed name of signee

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..

Hiz-S.S Registered Agent's Signature (REQUIRED)