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Florida Department of State
Division of Corporations
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TALLAHASSEE FLORIDA

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FLORIDA LIMITED LIABILITY CO.
INVESTMENT MONROE ST, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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H 16000130335

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
INVESTMENT MONROE ST, 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:
17885 COLLINS AVE
1005
SUNNY ISLES BEACH, FL 33160

Mailing Address:
17885 COLLINS AVE
1005
SUNNY ISLES BEACH, FL 33160

SECRETARY OF STATE
FALLAH ASSOCIATES, P.A.
TALLAHASSEE, FLORIDA

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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:

NATALIE COHEN
Name
17885 COLLINS AVE #1005
Florida street address (P.O. Box NOT acceptable)
SUNNY ISLES **33160**
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.

X 
Registered Agent's Signature (REQUIRED)

(CONTINUED)

H 16000130335

VIGO & VIGO, LLP

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ARTICLE IV-

The name and address of each person authorized to execute this certificate on behalf of the limited liability company:

SECRETARY OF STATE

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

AMBR

AMBR

Name and Address:

NATALIE COHEN
17885 COLLINS AVE # 1005
SUNNY ISLES BEACH, FL 33160

SIMON GALANTE
17885 COLLINS AVE #1005
SUNNY ISLES BEACH, FL 33160

NISSIN COHEN
17885 COLLINS AVE # 1005
SUNNY ISLES BEACH, FL 33160

SARA LANCRY
17885 COLLINS AVE #1005
SUNNY ISLES BEACH, FL 33160

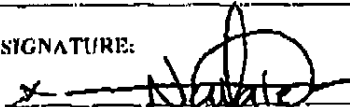
(Use attachment if necessary)

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.)

NATALIE COHEN

Typed or printed name of signee