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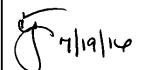


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### SUNSHINE CORPORATE FILING OF FLORIDA INC.

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ENTITY NAME:
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EDEN DREAMS 85 BUSINESS CONSULTING/CONTACT
RESOLUTIONS LLC
**PLEASE FILE THE ATTACHED AND RETURN:**
Plain Copy
Certified Copy
**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:**
Document Number:
Certified Copy of Arts & Amendments
Certificate of Good Standing
**APOSTILLE'/NOTARIAL CERTIFICATION:**
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NUMBER OF CERTIFICATES REQUESTED
TOTAL AMOUNT OWED: /25.00
CHECK NUMBER: 2690
PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.
Thank you!
Tina Goff, President
Thia Cony i restactit

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# ARTICLES OF ORGANIZATION FOR A 16 JUL 19 PH 1: 38 FLORIDA LIMITED LIABILITY COMPANY: TO A LANGE OF TAXABLE PARTY OF TAXABLE P

#### ARTICLE I NAME

The name of the Limited Liability Company is:

EDEN DREAMS 85 BUSINESS CONSULTING/CONTACT RESOLUTIONS LLC

#### <u>ARTICLE II ADDRESS</u>

The principal address of the Limited Liability Company is:

21319 NW 40TH CIRCLE COURT

MIAMI GARDENS, FLORIDA 33055

The mailing address of the Limited Liability Company is:

1315 NW 95TH STREET

MIAMI, FLORIDA 33147

#### ARTICLE III REGISTERED AGENT

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

JACQUELINE WILLIAMS

1315 NW 95TH STREET

MIAMI, FLORIDA 33147

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.

ACDUELINE WILLIAMS / Registered Agent's signature

## PAGE 2 EDEN DREAMS 85 BUSINESS CONSULTING/CONTACT RESOLUTIONS LLC

#### ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
MEAGHAN D COPLIN
21319 NW 40TH CIRCLE COURT
MIAMI GARDENS, FLORIDA 33055

MEAGHAN D COPLIN / Authorized Representative's signature

(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.)