Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

2800 St. Pete, LLC

Certificate of Status	1
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Estimated Charge	\$130.00

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Corporate Filing Menu

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'JAN 1 7 2018

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Lin			
24		2800 St. Pete,	uc
(RUDA)	contain the words "Limite	d Liability Compar	y, "L.L.C.," or "LLC.")
ARTICLE II - Address;			
The mailing address and stre	at address of the principal	office of the Thirty	171.00 -
•		ottice of the Dimit	ed Liability Company is:
<u>Prin</u>	cipal Office Address:		B#-234 4 5 5
			Mailing Address:
11330 SW 23rd Plac	78		
Davide El 22225			I3D SW 23rd Place
	MIX CHRIDE SPEWS At the Ana	& Registered Ag	/io, FL 33325
RTICLE III - Registered A The Limited Liability Compa nother business entity with a	an active Florida registration and address of the registered	& Registered Agent. on.) d agent are:	/io, FL 33325
ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	an active Florida registration and address of the registered	& Registered Agent on Registered Agent on.) d agent are:	/io, FL 33325
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ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	an active Florida registration and address of the registered	& Registered Agent. on.) d agent are: dam Jacobson Name	rio, FL 33325 ent's Signature: You must designate an individual or
ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	an active Florida registration and address of the registered A	& Registered Agent. on.) d agent are: dam Jacobson Name	rio, FL 33325 ent's Signature: You must designate an individual or

place designated in this certificate, I hereby 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 agem 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 possition as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

18 JAN 16 AM 9: 20 SECRETARY OF STATE

The name and address of each person at Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	JBHFF, LLC
	11330 SW 23rd Place
	Davie, FL 33325
AMBR	Deer Coast Manager 1 a co
	Deer Cress Ventures, LLC 9030 W. Sahara, Suite 298
	Las Vegas, NV 89117
(Use attachment if necessary)	
LE V: Effective date, if other than the date of fective date is listed, the date must be spec of filing.) If the date inserted in this block does not me ment's effective date on the Department of	of filing: January 12, 2018 iffic and cannot be more than five business days prior to or 90 days after the applicable stansory filing requirements, this date will not be listed State's records.
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