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Division of Corporations

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From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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mod 1 Addmore.			

## FLORIDA LIMITED LIABILITY CO. OUT OF TOUCH, LLC.

Certificate of Status	0
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Estimated Charge	\$155.00

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## AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OUT OF TOUCH, LLC.

(Must conatin 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:

Mailing Address:

900 BISCAYNE BLVD. APT. # 3302 AIIAMI, FL. 33132 900 BISCAYNE BLVD. APT. # 3302 MIAMI, PL. 33132

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 culty with an active Florida registration.)

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

BEN FINANCIAL SERVICES, INC.

Name

10500 N.W. 26TH ST., STE. # A-101

Florida street address (P.O. Box NOT acceptable)

DORAL

FL

33172

City

State

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 not 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV- The name and address of each person au	athorized to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member	
"MOR" = Manager	·
MGR	ELENA MELUK 900 BISCAYNE BLVD, APT. # 3302
	MIAMI, Pl. 33132
·	
·	
	•
(Use attachment if necessary)	
(If an effective date is listed, the date must be a the date must be a Note: If the date inserted in this block does not the document's effective date on the Department.	
A DITLOT E. VI. Other provisions, if any,	
REQUIRED SIGNATURE:	n /
This document is exec	number or an authorized representative of a member, suced in accordance with section 605.0203 (1) (b), Florida Statutes, is einformation submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.
PLENA MELL	Typed or printed name of signee