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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : BELOFF LAW, P.A.  
Account Number : I20080000060  
Phone : (305)673-1101  
Fax Number : (305)673-5505

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Email Address: jrbb@belofflaw.com

FLORIDA LIMITED LIABILITY CO.  
FRYD ROBINS PB, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
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**ARTICLES OF ORGANIZATION  
FOR  
FRYD ROBINS PB, LLC  
a Florida limited liability company**

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

**ARTICLE I- NAME:**

The name of the limited liability company is: FRYD ROBINS PB, LLC.

**ARTICLE II- ADDRESS:**

The address of its principal place of business, as well as the mailing address for this limited liability company is: Jonathan Fryd, 523 Michigan Ave., Miami Beach, Fla. 33139

**ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S  
SIGNATURE**

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

Jonathan Fryd, 523 Michigan Ave., Miami Beach, Fla. 33139

Having been named as registered agent and to accept service of process for the above state 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.

  
\_\_\_\_\_  
JONATHAN FRYD, Registered Agent

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ARTICLE IV

The name and address of each Members of the Limited Liability Company:

**TITLE:**

**NAME AND ADDRESS:**

Member

**JONATHAN FRYD**  
523 Michigan Avenue  
Miami Beach, Florida 33139


Member

**SCOTT ROBINS**  
230 Fifth Street  
Miami Beach, Florida 33139

ARTICLE -V - Effective Date, if other than the date of filing: \_\_\_\_\_(Optional)

ARTICLE- VI- This will be a Member-managed company.

REQUIRED SIGNATURE:

  
\_\_\_\_\_  
**JONATHAN FRYD, Authorized Member**

*(In accordance with Section 605.0203 (1)(b), Florida Statute, 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 s817.155, F.S.)*

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SECRETARY OF STATE  
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