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To:

Division of Corporations

Fax Number : (850)617-6381

| From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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. **EXOTIC FRENCHIES LOVERS MIAMI, LLC**

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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 CORPORATE
1316616716

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ARTICLES OF ORGANIZATION FOR PLORI	DA LIMITED LIABILITY COMPANY
ARTICLE I Name: The name of the Limited Liability Company is:	
EXOTIC FRENCHIES LOVERS MIAMI, LLC	
(Must contain the words "Limited Liabilit	y 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:
	Mailing Address: 18610 SW 97 CT
Principal Office Address:	— ———
Principal Office Address: 186,10 SW 97 CT	18610 SW 97 CT CUTLER BAY, FL 33157
Principal Office Address: 18610 SW 97 CT CUTLER BAY, FL 33157 ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registered Company Company Cannot Serve as its own Registered Company Cannot Serve Address:	CUTLER BAY, FL 33157 stered Agent's Signature: red Agent. You must designate an individual or

Name

18610 SW 97 CT

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

CUTLER BAY

FL

33157

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 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..

× OSVALDO ABJUA Registered Agent's Signature (REQUIRED)

(CONTINUED)

C OSVADO AGUICA

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

OSVALDO AGUILA

Typed or printed name of signee