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PICK-UP	WAIT	MAIL
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	(Business Entity Name)	
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Certified Copies	Certificates of	Status
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Advanced Incorporating Serv	vice	
	1317 California Street P.O. Box 20396 Tallahassee, FL 32316	Phone: 850-222-CORP Fax: 850-575-2724 Email: włopez@aisincfl.com Website: <u>www.aisincfl.com</u>
VIP C/Whouses com LLC		
		FOR OFFICE USE ONLY
PICK ONE: CERTIFIED COPY FILING: CORPORATIONLLCLIMITED	PHOTOCOPY _	C.U.S. _GENERAL PARTNERSHIP
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FOREIGN QUALIFICATI		
OTHER		
RETRIEVAL:		_
GOOD STANDING CERT/C.U.S		РНОТОСОРУ
APOSTILLE/NOTARY CERTIFICATION		

Country____

Amount of Documents__

Notes:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	I	RT	CI	Æ	I -	Na	me:
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The name of the Limited Liability Company is:

VIP Clubhouses.com LLC

(Must contain 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:

16699 Collins Ave., Suite 2404	16699 Collins Ave., Suite 2404
Sunny Isles Beach, FL 33160	Sunny Isles Beach, FL 33160

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 entity with an active Florida registration.)

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

Phillips, Cantor & Shalek, P.A.	
Name	

4000 Hollywood Blyd., Suite 500 N

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

Hollywood	FL	33021
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)



"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
-	11 ' "
MGR	Haim Erez 16699 Collins Ave Suite 2404
	Sunny Isles Beach, FL 33160
· 	
-	
(Use attachment if necessary) CLE V: Effective date, if other than the ceffective date is listed, the date must be	date of filing:
CLE V: Effective date, if other than the ceffective date is listed, the date must be e of filing.)	e specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be I
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CLE V: Effective date, if other than the deffective date is listed, the date must be e of filing.) If the date inserted in this block does necument's effective date on the Department. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exert am aware that any ficonstitutes a third degree.	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
CLE V: Effective date, if other than the ceffective date is listed, the date must be e of filing.) If the date inserted in this block does necument's effective date on the Department of the D	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)