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To:

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

From:

Account Name : SALOMON B. ESQUENAZI, P.A.
Account Number : I20130000020
Phone : (954)989-4995
Fax Number : (954)989-4991

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

Email Address: corporate@esquenazi-law.com

FLORIDA LIMITED LIABILITY CO.

Habale, LLC

Certificate of Status	1
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I. Name

The name of the Limited Liability Company is:

Habale, LLC

ARTICLE II. – Addresses

The mailing address and street address of the principal office of the Limited Liability Company is:

1051 Harbor Court
Hollywood, FL 33019

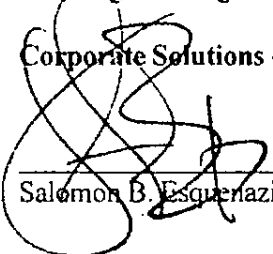
**ARTICLE III. – Registered Agent, Registered Office,
& Registered Agent's Signature:**

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

Corporate Solutions of South Florida, Inc.
4651 Sheridan Street, Suite 355,
Hollywood, Florida 33021

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 605, F.S.

Corporate Solutions of South Florida, Inc



Salomon B. Esquenazi, President

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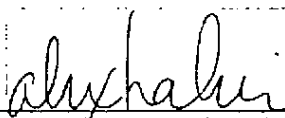
This instrument was prepared by:
Salomon B. Esquenazi, P.A.
4651 Sheridan Street, Suite 355
Hollywood, Florida 33021
(954) 989-4995

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ARTICLE IV. – Management

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the manager who is to serve as initial manager is:

Habie, Alexandra Nicole
1051 Harbor Court
Hollywood, FL 33019



Print Name: Alexandra Nicole Habie

Signature of a member or authorized representative of a member.

In accordance with section 605.0203 (1)(b), Florida Statutes,
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 s.817.155, F.S.)

4878-4698-5233, v. 1

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This instrument was prepared by:

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Hollywood, Florida 33021
(954) 989-4995