



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations Fax Number : (850)617-6381			
rom:				
	Account Name : EXPRESS CORPO	RATE FILING SERVI	CE INC.	•
	Account Number : I20000000146 Phone : (305)444-4994	L		
	Fax Number : (305)328-4774			
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Ema		LIABILITY CO		CASEE KHD/OR VI FRANCHISING VISION OF CORPORA ALLAHASSEE, FLO
Ema	FLORIDA LIMITED	LIABILITY CO		CASLE WHO FOR VIDEO FRANCHISING VIDEO OF CORPORATION OF CORPORATIO
Ema	FLORIDA LIMITED 7 FIVE PROPER	LIABILITY CO		CASEE HHO/OR VIDEO FRANCHISING VISION OF CORPORATIONS FALLAHASSEE FLORIDA
And 1. 0	FLORIDA LIMITED 7 FIVE PROPER Certificate of Status	LIABILITY CO		CASLE KHD/OR VIDEO FRANCHISING VISION OF CORPORATIONS ALLAHASSEE, FLORIDA
)TT	FLORIDA LIMITED 7 FIVE PROPER Certificate of Status Certified Copy	LIABILITY CORTIES LLC		CASLE KHD/OR VIDEO FRANCHISING VISION OF CORPORATIONS PALLAHASSEE FLORIDA
· · · ·	FLORIDA LIMITED 7 FIVE PROPER Certificate of Status Certified Copy Page Count	LIABILITY CO		CASLE KHD/OR VIDEO FRANCHISING VISION OF CORPORATIONS ALLAHASSEE, FLORIDA

## ARDCLES OF ORGANIZATION FOR LORDA LIMITED FABILITY COMPANY

ARTICLE I - Name: The mane of the Funited Leability Company is
(Stast end with the words "I muted Libbility Company, "L.L.C.," or "I I C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mulling Address:
4340 NW 7 Are. 4340 NW 7 Are.  Aliconi, FC 33127 Mianni, FC 33127
ARTICEE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Emitted Liability Company cannot serve as its own Registered Agent. You must designate un individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:  [Packed Basi // g
4340 NW 7 Ave.
Florida street address (P.O. Box NOT neceptable)
Miani, FL 33127
Having been named as registered agent and to accept service of process for the above stated limited liability company is the place designated in this certificate. Thereby 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 dutter, 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 (RECAURED)
(CONTINUED)
Page 1 of 2

DIVISION OF CORPORATIONS

ARTICLE IV- The name and address of each person auth	orized to manage and control the Elimited Liability — Company:
*AMBR* - Authorized Member *MGR* - Manager Manager  Member	Alejandro Badilla  (1340 NW 742)  Rachel Badilla  (1340 NW 742)  Mrany FC 33127
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of (if an effective date is fisted, the date must be spetthe date of filling.)  ARTICLE VI: Other provisions, if any.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to ar 90 days after
REQUIRED SIGNATURE:	
(In accordance with section to constitutes an affirmation w Lam aware that any false in	mber or an authorized representative of a member. 505,0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State long as provided for in s.817.155, F.S.)  Jandro Typed or printed name of signec