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	THREE ZERO EIGHT CORPORATE NAME AND DOC			
2.	CORPORATE NAME AND DOC	UMENT #)		
3. <u> </u>	CORPORATE NAME AND DOC	UMENT #)		
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COVER LETTER

SUBJECT:	Three Zero Eight LLC	
SOBJECT:	Name of Limited	Liability Company
The enclosed A	Articles of Organization and fee(s) are sub-	mitted for filing.
Please return a	Il correspondence concerning this matter t	o the following:
	Jeffrey D. Levy, Esq.	
<u></u>	Ne	ame of Person
	Levy Closings, P.A.	
	Fi	rm/Company
	1001 Yamato Road Suite	401
		Address
	Boca Raton, FL 33431	
	City/S jeff@levyclosings.com	tate and Zip Code
	E-mail address: (to be used for t	future annual report notification)
For further info	rmation concerning this matter, please call	i:
	Jeff Levy 561	900-7009
	Name of Person Area (Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
\$125.00 Filin	Certificate of Status	\$155.00 Filing Fee & Sertificate of Status & Certificate Copy dditional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LEMITED LIABILITY COMPANY

Th	ree Zero Eight LLC		
(Must contr	in the words "Limited L	iability Comp	any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	Idress of the principal of	fice of the Lir	nited Liability Company is:
<u>Princip</u>	al Office Address:		Mailing Address:
1030 15th Street #3	08		c/o Intersect Capital
Miami Beach, FL 3			12657 Alcosta Blvd Suite 500
			San Ramon, CA 94583
	Jeffrey D. Le	Name	
	1001 Yamato	•	11
	Florida street address		
	Boca Raton, F	L 33431	<u> </u>
	City	State	Zip
place designated in this certificate further agree to comply with the p	. I hereby accept the appo rovisions of all statutes re	ointelent as re electing to the p as registered o	for the above stated limited liability company at the gistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Hassan Whiteside
	c/o Intersect Capital
	San Ramon, CA 94583
	12657 Alcosta Blvd Suite 500
ective date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days s
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.)	ecific and cannot be more than five business days prior to or 90 days a neet the applicable statutory filing requirements, this date will not be lis
E V: Effective date, if other than the date ective date is listed, the date must be sporf filing.) The date inserted in this block does not rement's effective date on the Department of EVI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 days aneet the applicable statutory filing requirements, this date will not be list of State's records. Great by:
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E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) The date inserted in this block does not rement's effective date on the Department of the De	meet the applicable statutory filing requirements, this date will not be list of State's records. Great by: Alberta a authorized representative of a member. And the distribution of th
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