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

Account Name : FILE IT USA INC.
Account Number : 120190000121
Phone : (718)925-2025
Fax Number : (718)925-2027

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

Email Address: SERVICE@FILEITUSA.COM

FLORIDA LIMITED LIABILITY CO.

Daat South LLC

Certificate of Status	0
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https://efile.sunbiz.org/scripts/efilcovr.exe

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Daat South LLC

(Must conatin 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:

3990 SW 53rd Court

Fort Lauderdale, FL 33312

4840 SW 34th Ave Fort Lauderdale, FL 33312

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:

Menachem Hafuta

Name

4840 SW 34th Ave

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

Fort Lauderdale

FL

City

State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability companying the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity A 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..

/s/ Menachem Hafuta

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title:	Name and Address:	
"AMBR" = Authorized Mer "MGR" = Manager	nber	
AMBR	David Efrat	
	Los Angeles, CA 90036	
AMBR	Moshe Hafuta	
	1054 S Bedford St Apt 201 Los Angeles, CA 90035	
AMBR	Menachem Hafuta	
	Fort Lauderdale, FL 33312	
(1)	Λ	
(Use attachment if necessary		
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Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Miriam Schwartz