Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
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        Account Name    : VCORP SERVICES, LLC
        Account Number  : I20080000067
        Phone           : (845)425-0077
        Fax Number      : (845)818-3588
```

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

Email Address:_____

FLORIDA LIMITED LIABILITY CO.
Seeba LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$125.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Seeba 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:

4601 SHERIDAN ST, STE 505
Hollywood, FL 33021

Mailing Address:

P.O. Box 580
Lakewood, NJ 08701

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:

Vcorp Agent Services, Inc.
_____
Name

1200 South Pine Island Road
_____
Florida street address (P.O. Box **NOT** acceptable)

Plantation   FL   33324
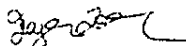_____
City   State   Zip

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, FS

_____
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

AMBR

Asher Handler
4601 SHERIDAN ST, STE 505
Hollywood, FL 33021

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

_____

REQUIRED SIGNATURE:

/s/Asher Handler

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Asher Handler
Typed or printed name of signee

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