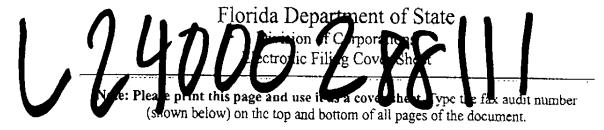
Division of Corporations



(((H24000220452 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : MOMBACH, BOYLE & HARDIN, P.A.

Account Number : 074143000064 Phone : (954)467-2200 Fax Number : (954)467-2210

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

Email Address: hsundberg@mbhlawycr.com

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FLORIDA LIMITED LIABILITY CO.

AJ's IP US, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TO THE PART OF THE	BILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
AJ's IP US, 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 Liabili	ity Company is:
Principal Office Address:	Mailing Address:

 212 NE 2[∞] Ave
 912 NE 2nd Ave

 Fort Lauderdale, FL 33304
 Fort Lauderdale, FL 33304

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:

Hunter Sundberg, Esq.

Mombach, Boyle, Hardin & Simmons, PA

Name

100 NE 3rd Ave. Suite 1000
Florida street address (P.O. Box NOT acceptable)

 Fort Lauderdale
 FL
 33301

 City
 State
 2ip

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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

PRE LINCE BY LINCE

H240002204523

<u>itle:</u> AMBR" ≃ Authorized Member	Name and Address:
MGR" = Manager	
IGR	David Cardaci
	912 NE 2nd Ave
	Fort Lauderdale, FL 33304
· · · · · · · · · · · · · · · · · · ·	
an effective date is listed, the date must ys after the date of filing.)	t the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90
listed as the document's effective date of	es not meet the applicable statutory filing requirements, this date will not on the Department of State's records.
ote: If the date inserted in this block doe listed as the document's effective date of RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	on the Department of State's records.
RTICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a m This document is execut I am aware that any false	nomber of an authorized representative of a member. ted in accordance with section 605.0203 (1) (b). Florida Statutes. e information submitted in a document to the Department of State
REQUIRED SIGNATURE. Signature of a m This document is execut I am aware that any false constitutes a third degree	number of an authorized representative of a member. ted in accordance with section 605.0203 (1) (b). Florida Statutes.

Filing Fees:

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

- 5 30.00 Certified Copy (Optional)5 5.00 Certificate of Status (Optional)