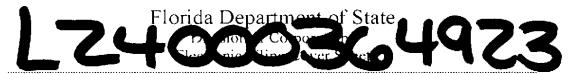
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : I20010000025 Phone : (786)899-2235 Fax Number : (305)935-9042

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. CHARLES HOUSE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHARLES HOUSE, 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:

Mailing Address:

3162 COMMODORE PLAZA STE 2C COCONUT GROVE, FL 33133

3162 COMMODORE PLAZA STE 2C COCONUT GROVE, FL 33133

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:

CIAIL SAVAGE						
		Same				_
3162 COMMO	DORE P	LAZA S	TE 2C			
Florida street a	ddress (1	2.O. Box	NOT a	cceptable)	_

Coconut Grove	FL	33133
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 appoinment 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..

Guter Tarage

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Grant Savage 3162 COMMODORE PLAZA STE 2C COCONUT GROVE, FL 33133
(Use attachment if necessary)	
(If an effective date is listed, the date must be spec the date of filing.) Note: If the date inserted in this block does not me the document's effective date on the Department of	of filing:
ARTICLE VI: Other provisions, if any. Any and all lawful purposes.	
REQUIRED SIGNATURE: Guant Savage	
This document is executed I am aware that any false is	ther or an authorized representative of a member. d in accordance with section 605 0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.\$17.155, F.S.
Grant Savage	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)

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