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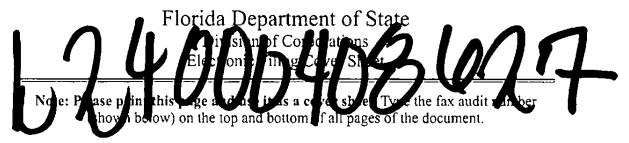
Page: 1 of 3

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From: Vcorp Services, LLC

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 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.

Genuine Investments Tampa LLC

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Certificate of Status	0
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ι,	ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY				
ADTICLES	/ N '				
ARTICLE					
i ne name oi	the Limited Liability Company is:				
<u>(</u>	Genuine Investments Tampa LLC				
_	(Must end with the words "Limited Liah	ility Company, "L.L.C.," or "LLC.")			
ARTICLE I	I - Address:				
The mailing	address and street address of the principal office	of the Limited Liability Company is:			
	Principal Office Address:	Mailing Address:			
. 9	00 Cathedral	900 Cathedral			
<u>E</u>	Baltimore, MD 21201	Baltimore, MD 21201			
9.66 (<u> </u>	Saltimore, MD 21201	Baltimore, MD 21201			
	Saltimore, MD 21201	Baltimore, MD 21201			
Puris 6 E	Baltimore, MD 21201 III - Registered Agent, Registered Office, & Re				
ARTICLE	II - Registered Agent, Registered Office, & Re				
ARTICLE I	II - Registered Agent, Registered Office, & Re	gistered Agent's Signature:			
ARTICLE I	II - Registered Agent, Registered Office, & Re I Liability Company cannot serve as its own Regi	gistered Agent's Signature:			
ARTICLE I (The Limited another busi	II - Registered Agent, Registered Office, & Re I Liability Company cannot serve as its own Regi	gistered Agent's Signature: stered Agent. You must designate an individual or			

Vcorp Agent Service	es, inc.	
	Name	
1200 South Pine Isla	ind Road	
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
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, F.S..

Mimi Sanik, Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

From: Vcorp Services, LLC

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR Elias Dichi Charabati 900 Cathedral Baltimore, MD 21201 AMBR Daniel Kassin Betech 900 Cathedral Baltimore, MD 21201 AMBR Esperanza Yael Romano Daniel 900 Cathedral Baltimore, MD 21201 (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/ Elias Dichi Charabati 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. Elias Dichi Charabati Typed or printed name of signce

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)