

Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

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LIMITED LIABILITY COMPANY

MOMBASA, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nume

The name of the Limited Liability Company is: MOMBASA, LLC

ARTICLE II - Address

The mailing address and street address of the principle office if the Limited Liability Company is:

2960 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33306

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Management

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

CHRISTOPHER DONOVAN WEEKES 591 N.W. 46 TERRACE PLANTATION, FL 33317

ARTICLE V - Admission of Additional Members

The members shall have the right to admit additional members upon a majority vote of the existing members.

ARTICLE VI - Members Rights to Continue Business

The remaining members of the Limited Liability Company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member of the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE VII Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of MOMBASA, LLC certifies:

- 1) The above named limited liability company has at least one member;
- 2) The total amount of cash contributed by the member(s) is

\$ 10,000,00:

- 3) If any, the agreed value of property other than cash contributed by member(s) is \$ -0-
- 4) The total amount of cash and property contributed and anticipated to be contributed by member(s) is

\$ 10,000,00

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Christopher Donovan Weekes, Member

(in accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT OT DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA

1. The name of the limited liability company is:

MOMBASA, LLC

2. The name and the Florida street address of the registered agent are:

CHRISTOPHER DONOVAN WEEKES 2960 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33306

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.

SIGNIAM IDE