Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC

Account Number : I20220000138 Phone : (786)239-9353 Fax Number : (305)675-8465

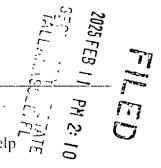
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: AIMET@EXPRESSTAXSVCS.COM

FLORIDA LIMITED LIABILITY CO. PRIME PUFF 2 LLC

Certificate of Status	ı
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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COVER LETTER

	w Filing Section vision of Corporations				
SUBJEC	PRIME PUFF 2 LLC				
SUDJEC	Name of Limited Liability Company				
The enclo	d Articles of Organization and fee(s) are submitted for filing.				
Please ret	n all correspondence concerning this matter to the following:				
	HOSSAM ADEL M. M. MEKKAWI				
	Name of Person				
	PRIME PUFF 2 LLC				
	Firm/Company				
	8833 BISCAYNE BLVD				
	Address				
	MIAMI SHORES, FL 33138				
	City/State and Zip Code IMET@EXPRESSTAXSVCS.COM				
	E-mail address: (to be used for future annual report notification)				
For further	formation concerning this matter, please call:				
	HOSSAM ADEL M. M. MEKK/ 561 888 - 3851				
	Name of Person Area Code Daytime Telephone Number				
Enclosed	a check for the following amount:				
□\$125.0	-	us & <i>1925</i> /			
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Montoe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303	PH 2:10			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
PRIME PUFF 2 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:

8833 BISCAYNE BLVD	8833 BISCAYNE BLVD
MIAMI SHORES, FL 33138	MIAMI SHORES, FL 33138

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:

HOSSAM ADEL M. I	M. MEKKAWI	
	Name	
8833 BISCAYNE BL	VD	
Florida street address	(P.O. Box <u>NOT</u> a	cceptable)
MIAMI SHORES	FL	33138
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..

Hossam Adel M.M. Makkawi
Registered Agent's Signature (REQUIRED)

(CONTINUED)



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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	HOSSAM ADEI, M. M. MEKKAWI 8833 BISCAYNE BLVD MIAMI SHORES, FL 33138	
(Use attachment if necessary)		
(If an effective date is listed, the date must be the date of filing.)	date of filing:	
ARTICLE VI: Other provisions, if any. ANY AND ALL LAWFUL BUSINESS		
REQUIRED SIGNATURE:	sam Adel M.M. Mekkawi	
Signature of a This document is ex I am aware that any i	member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.	
HOSSAM AI	DEL M. M. MEKKAWI Typed or printed name of signee	
\$125.00 Filing Fee for Articles of \$ 30.00 Certified Copy (Optiona \$ 5.00 Certificate of Status (Op		