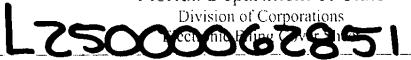
Division of Corporations

Florida Department of State



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

うを 一覧にmail Address: 上記の

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

FLORIDA LIMITED LIABILITY CO.

3S Management, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | () |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu — Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

| ARTICLE I - Name: The name of the Limited L | ability Company is: |
|--|---------------------|
| 3S Managemer | ı. LLC |

ARTICLE II - Address:

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

| Mailing Address: |
|--------------------------|
| 561 Golden Harbour Drive |
| Boca Raton, FL 33432 |
| |

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:

| | Name | |
|----------------------|----------------------------|------------|
| 1200 South Pine Isla | and Road | |
| Florida street addre | ss (P.O. Box <u>NOT</u> ac | (ceptable) |
| | | |
| Plantation | FL. | 33324 |

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..

| /s/Taylor Lolya | |
|-----------------|---------------------------------|
| Register | ed Agent's Signature (REQUIRED) |

(CONTINUED)

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

The name and address of each person authorized to manage and control the Limited Liability Company:

Page: 3 of 3

| Title: | Name and Address: | |
|----------------------------------|--|--|
| "AMBR" = Authorized Membe | r | |
| "MGR" = Manager | | |
| MGR | Scott Kerner 561 Golden Harbour Drive | _ |
| | Boca Raton, FL 33432 | - |
| | | |
| AMBR | Rafaella Kerner | _ |
| | 561 Golden Harbour Drive Boca Raton, FL 33432 | - |
| | 150ca Raton, P.E. 35432 | _ |
| | | |
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| (Use attachment if necessary) | | |
| he date of filing.) | ust be specific and cannot be more than five business days prior to or 90 loes not meet the applicable statutory filing requirements, this date will not partment of State's records. | - |
| | | ······································ |
| REQUIRED SIGNATURE: | /s/Scott Kerner | |
| <u></u> | | |
| This document I am aware that | e of a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State rd degree felony as provided for in s.817.155, F.S. | |
| Scott Ke | erner | |
| | Typed or printed name of signee | 2 |
| | Wilne Fance | <u>ب</u> 21 |
| \$125.00 Eiling For for Articl | Filing Fees: os of Organization and Designation of Registered Agent | eri Eri |

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