Address Phone # City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time Walk in Certificate of Status Will wait ☐ Mail out **AMENDMENTS NEW FILINGS** ☐ Amendment ☐ Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS UEPARTMENT (digs. 1 Jan. 1 Ja Annual Report Fictitious Name Reinstatement OI WY 27 70 00 RECEIVED Other Examiner's Initials

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY $_$

ARTICLE I - Name:

The name of the Limited Liability Company is:

ORSAY COMPANY LLC

ARTICLE II - Address:

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

SQE Services AG, Alfred Escherstr.9, Postfach, CH 8027, Zurich SWITZERLAND

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Corporation	n Ser	<u>vice</u>	Company
	Name		
1201	Hays	Stree	et .
Florida street address	(P.O. E	ox NO	[acceptable)
Tallahasseé		FL	32301
City.	State, a	nd 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. Hurther 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 608, F.S..

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

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

> MILA A. OSTIN Typed or printed name of signee

> > FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

25.00 Designation of Registered Agent 30.00 Certified Copy (OPTIONAL)

5.00 Certificate of Status (OPTIONAL)