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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone |) #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE AS LIVISION OF CORPORATIONS

J. BRYAN JAN 1 0 2007.

COVER LETTER

| TO: Registration S Division of Co | orporations | | | |
|--------------------------------------|---|---|---|--------------|
| SUBJECT: Or | ange Island (Name of Limite | Investment d Liability Company) | Holding LL | C |
| The enclosed Articles of | of Organization and fee(s) are s | ubmitted for filing. | | |
| Please return all corresp | oondence concerning this matte | er to the following: | | |
| J. | IANSHI | MAO | | |
| | (1 | Name of Person) | | |
| | | | | |
| 1010 | Catherines | Firm/Company) Woods Dr | | |
| 10(0 | Cachici the 2 | (Address) | | 声 Section |
| Niska | Catherines | 17 12309 | | HA -9 |
| | (City | /State and Zip Code) | | PH. |
| For further information | concerning this matter, please | call: | | 9 PH 3: 45 |
| Jianshi | Mao | at (518) 694 | -2551 | Ü |
| (Name | e of Person) | (Area Code & Daytime Te | | |
| Enclosed is a check for | or the following amount: | | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing For Certificate of Status & Certified Copy (additional copy is enclose | ž. |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns | |

| ARTICLES OF ORGANIZATION FOR FLO | ORIDA LIMITED LIABILITY COMPANY |
|--|---|
| ARTICLE I - Name: The name of the Limited Liability Company is: | A CORCORP |
| Orange Island Investment Homest Must end with the words "Limited Liability Company, "Limited | :) |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1010 Catherines Woods Dr Niskayuna, NY 12309 | 1010 Catherines Woods Dr. Niskayuna, NT 12305 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | |
| The name and the Florida street address of the re | egistered agent are: |
| ZHONGHE | SUN |
| Name | |
| Suite M4571 | 1903 60th Place E. |
| Bradenton, City, State, as | ress (P.O. Box <u>NOT</u> acceptable) FL 34203 nd Zip |
| Having been named as registered agent and to a | 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 608, F.S.

(CONTINUED) Page 1 of 2

Zhonghe Sun
Registered Agent's Signature (REQUIRED)

| Title: | Name and Address: |
|--|--|
| "MGR" = Manager | |
| "MGRM" = Managing Member | |
| MGRM | JIANSHI MAO |
| <u> </u> | 1010 Catheines Woods Dr. |
| | Niskayuna, NY 12309 |
| MGR | BINHUA MAO |
| | 1010 Catherines Woods Dr |
| | N: Skayuna, NY 12309 |
| | • |
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| | |
| (The establishment if a coordinate) | |
| (Use attachment if necessary) | |
| • | the date of filing: (OPTIONAL) |
| LE V: Effective date, if other than fective date is listed, the date mu | the date of filing: (OPTIONAL) st be specific and cannot be more than five business days p |
| LE V: Effective date, if other than | |
| LE V: Effective date, if other than fective date is listed, the date mu | |
| LE V: Effective date, if other than fective date is listed, the date mu | |
| LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.) | |
| LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.) | |
| LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.) REQUIRED SIGNATURE: | |
| LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.) REQUIRED SIGNATURE: Signature of a management of a m | ember or an authorized representative of a member. th section 608.408(3), Florida Statutes, the execution |
| LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance wi of this document of this docume | ember or an authorized representative of a member. |

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)