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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

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

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## FLORIDA LIMITED LIABILITY CO. RUMLAND INTERNATIONAL, LLC

Certificate of Status	0
Certified Copy	1
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EMPIRE CORP KIT



ARTICLES OF ORGANIZATION F	OR FLORIDALIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Comp	
	ited Liability Company, "LL:C," or "LIC."
RumLand International, LLC	
(Must end with the words "Limi	ited Liability Company, "LLLC," or "LLC.")
ARTICLE II - Address:	To the second se
	of the principal office of the Limited Lightlity Company in 💛 🥕 🦈
	بي المالية
Principal Office Address:	Mailing Address:
3222 MIDDLEBELT ROAD.	SAME
WEST BLOOMFIELD, MI 48323	- Tr
	,
ARTICLE III - Registered Agent, Reg	ristered Office, & Registered Agent's Signature:
business entry with an active Plottels registration.)	has referenced where 1 or man decidants on registation of whother
The name and the Florida street address	Af the manistered agent over
2 a	A HA INGTHOUGH COME TAKE
STEVEN NACILÊRIO, ES	
	Name
396 ALHAMBRA CIRCLE	, N. TOWER, 14TH FLOOR
	street address (P.O. Box <u>NOT</u> acceptable)
MIAMI, FL 33134	<b>1</b> 0.
	City, State, and 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 608, F.S.,

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(CONTINUED)



ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" - Managing Member RANI BAHADUR MORM, 3222 MIDDLEBELT ROAD WEST BLOOMFIELD, MI 48328 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: , (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 608:408(3), Florida Statutes, the execution of this document constitutes an affirmation under the panalties of pinging that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of Smic constitutes a third degree falony as provided for in a.817.155, F.S.) RANI SAHACUR Typed or printed name of signer Filing Fees; 5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 8 30.00 Certified Copy (Optional)

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\$ 5.00 Certificate of Status (Optional)