



CORPORATE ACCESS, INC.

100000003996

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

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- 1.) Tallimex LLC
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**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
TALLIMPEX LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
Article V was omitted in error.

Article V - Members

The initial members of this limited liability company shall be:

Member #1: Emilios Hadjivangeli (Address: 23, Armenias Str., Group Alastor, Block A, Office 104

2003 Strovolos, P.O. Box 6557, 1640 Nicosia, Cyprus

Member #2: Elena Pastou (Address 23, Armenias Str., Group Alastor, Block A, Office 104

2003 Strovolos, P.O. Box 6557, 1640 Nicosia, Cyprus

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: 04/15/2000



Signature of a member or authorized representative of a member
ALAN R. COFFEY, ORGANIZER
AUTHORIZED PERSON

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name:

The name of the Limited Liability Company is TALLIMPEX LLC.

ARTICLE II-Address:

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

201 North DuPont Parkway
New Castle, DE 19720

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

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

Name	NRAI SERVICES, INC.
Florida Street address	526 EAST PARK AVE.
City, State, and Zip	TALLAHASSEE, FL 32301

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.

Patricia J. O'Neil, Asst. Sec., NRAI
Registered Agent's Signature

Article IV - Management

The Limited Liability Company is to be managed by the members and each member has the right to manage the company solely and independently.

Alan R. Coffey
Signature of a member or an authorized representative of a member,
(In accordance with section 608.408(5), Florida Statutes, the execution
of this document constitutes an affirmation under the penalties of perjury
that the facts stated herein are true.)

Alan R. Coffey, Organizer

03/27/00

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