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Florida Department of State Division of Corporations Registration Section 409 E. Gaines St. Tallahassee, FL 32399

G00003245846--6 -05/11/00--01091--006 ****155.00 ****155.00

Dear Sir or Madame:

RE: TRANSFOOD LLC

Please find enclosed the original and one copy of the Articles of formation for the above referenced Limited Liability Company. I have enclosed our check in the amount of \$155.00 as payment of the filing and certification fees.

Please file the Articles of formation and send an <u>ORIGINAL SIGNATURE CERTIFIED</u>

<u>COPY</u> to the Notary Division of the Department of State at the following address using the FedEx waybill enclosed. Please also forward the envelope marked "Notary Division". It contains return instructions and payment information for the Notary Division.

Department of State Notary Certification Section Capital Building Rm 1801 Tallahassee, FL 32399-0250

Thank you very much for your assistance with this matter. If you have any problems with the filing or subsequent instructions please call at the number above. $\lesssim 2$

Sincerely,

Alan R. Coffey

Manager

Total

Check Total: \$155.00

Filing Fee \$100.00 Des. RA \$25.00 Cert. Copy \$30.00

\$155.00

With original signature for apostille.

untr 5/16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name:

The name of the Limited Liability Company is TRANSFOOD LLC.

ARTICLE II-Address:

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

23, Armenias Str., Group Alastor, Block A, Office 104 2003 Strovolos, P.O. Box 6557, 1640 Nicosia, Cyprus

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.

Path 1 Will Asst. Sect, NRAI

Registered Agent's Signature

Article	\mathbf{IV} .	Management
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The Limited Liability Company is to be managed by a Manager who has the right to manage the company solely and independently.

Manager - Ms. Elena Pastou

(Address: 23, Armenias Str., Group Alastor, Block A, Office 104, 2003 Strovolos,

P.O. Box 6557, 1640 Nicosia, Cyprus)

Article V - Members

The initial members of this limited liability company shall be:

Member #1: Elena Pastou (Address: 23, Armenias Str., Group Alastor, Block A, Office 104, 2003 Strovolos, P.O. Box 6557, 1640 Nicosia, Cyprus)

Member #2: Emilios Hadjivangeli (Address: 23, Armenias Str., Group Alastor, Block A, Office 104, 2003 Strovolos, P.O. Box 6557, 1640 Nicosia, Cyprus)

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.)

Alan R. Coffey, Organizer 05/05/2000