

LOOOOOOO7066

Delaware Business Inc.

Requester's Name

Capitol Office Center
3422 Old Capitol Trail, Suite 700
Wilmington, DE 19808-6192 (USA)

City/State/Zip

Phone #

300003288313--1

-06/14/00--01037--012

1600.00 *160.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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00 JUN 14 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mt
6/16

Examiner's Initials

ARTICLES OF ORGANIZATION
FOR

VOLAND GROUP LLC
A Florida Limited Liability Company

FIRST: The name of the Limited Liability Company is:
VOLAND GROUP LLC.

SECOND: The mailing address and street address of the principal office of the Limited Liability Company is:
8 Photi Pitta Street, Office 405, CY-1065 Nicosia, Cyprus., P.O. Box 26557
CY-1640 Nicosia, Cyprus.

THIRD: The name and the Florida street address of the registered agent are:
Richard Murray, 1811 Colonial Drive, Green Cove Springs, FL 32043.
(a P.O. Box is NOT acceptable)

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..


Registered Agent's Signature

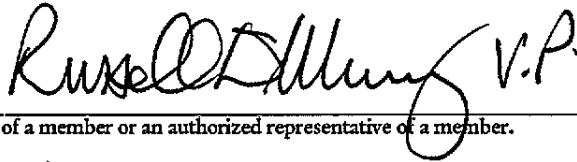
FOURTH: XX (If applicable) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. The Operating Manager shall be:
Mrs. Elena Pastou, 8 Photi Pitta Street, Office 405, CY-1065, Nicosia,
Cyprus., P.O. Box 26557, CY-1640, Nicosia, Cyprus.

FIFTH: The names and addresses of the Members of this Limited Liability Company shall be:
Mrs. Elena Pastou & Dr. Emilios Hadjivagelis, 8 Photi Pitta Street,
Office 405, CY-1065, Nicosia, Cyprus., P.O. Box 26557, CY-1640, Nicosia,
Cyprus.

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

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The Authorized representative of the member shall be:
DELAWARE BUSINESS INCORPORATORS, INC.
C/O Russell D. Murray, VP

 V.P.

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.)

DBI: 11467

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