

L00000000007070

Delaware Business Inc.

Requester's Name

Capitol Office Center

3422 Old Capitol Trail, Suite 700

Wilmington, DE 19808-6192 (USA)

City/State/Zip

Phone #

600003288316--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

FILED  
JUN 14 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mtm  
6/16

Examiner's Initials

# ARTICLES OF ORGANIZATION FOR

**TOMAX WHOLESALE LLC**  
*A Florida Limited Liability Company*

**FIRST:** The name of the Limited Liability Company is:

**TOMAX WHOLESALE 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.

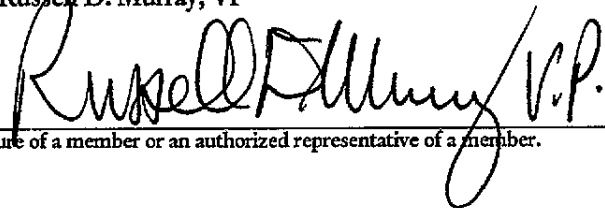
**FIFTH:** The names and addresses of the Members of this Limited Liability Company shall be:

Mrs. Elena Pastou & Dr. Emiliios 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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TALLAHASSEE, FLORIDA

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

  
\_\_\_\_\_  
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: 11464

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