Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H040001184273)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Fax Number : (516)935-3088

LIMITED LIABILITY COMPANY

ARGENT INTERNATIONAL LIMITED LIABILITY COMPANY

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu.

Comporate Filing

Public Access Heig

H04000118427

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Ardent International Limited Liability Company

ARTICLE II - Address

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

Principal Office Address: 2840 West Bay Drive #363 2840 West Bay Drive #363		
Belleair, FL 33770	Bellezir, FL 33770	
ARTICLE III - Registered A	Agent, Registered Office & Registered Agent's Si	gnature
	Andrew Pasqua	C +C
	Name	
	320 10th Avenue	<u> </u>
	(P.O. Box or Mail Drop Box NOT Acceptable)	
	Indian Rocks Beach, FL 33785	- COR 2
	(City / State / Zip)	9: 2,3
at the place designated in this cer capacity. I further agree to compl	agent and to accept service of process for the above state tificate, I hereby accept the appointment as registered agony with the provisions of all statutes relating to the proper ith and accept the obligations of my position as registered. Registered Agent's Signature - Andrew Pasqua	ed limited liability company zent and agree to act in this and complete performance

H04000118427

H04000118427 ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Andrew Pasqua- 2840 West Bay Drive #363, Beileair, FL 33770 (Use attachment if necessary) REQUIRED SIGNATURE: Signature of a member or 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.) **Andrew Pasqua** Typed or printed name of signee