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| (Requ                        | iestor's Name)  |           |
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| PICK-UP                      | WAIT            | MAIL      |
| (Busir                       | ness Entity Nam | e)        |
| (Docu                        | ment Number)    | ····      |
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OFFICE USE ONLY(DOCUMENT #) LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Nama) (Document #) Pick up time Walk in Certified Cop Certificate of S Mail out Will wait Photocopy NEW FILINGS AMENDMENTS **Profit** Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILNGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership

Reinstatement

Trademark

Other

Name Reservation

SCHOOL STREET

Examiner's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| MICRON USA LLC ASSO, 16, 1   |  |  |
|--|--|--|
| ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:   |  |  |
| - 550 S. OCEAN BIVD. STE 1907 P. BOCK PLATON FI 33432  |  |  |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:   |  |  |
| The name and the Florida street address of the registered agent are:   |  |  |
| SALVATORE GERARDO TRAFICANTE   |  |  |
| 550 S OCEAN BIVD. STE 1907   |  |  |
| Florida street address (P.O. Box NOT acceptable)   |  |  |
| City, State, and Zip   |  |  |
| 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   |  |  |
| Article IV - Management (Check box if applicable.)   |  |  |
| The Limited Liability Company is to be managed by one manager or more managers and is,   |  |  |
| therefore, a manager - managed company.  |  |  |
| SALVATORE GERARDO TRAFICANTE   |  |  |
| 550 S OCEAN BIND, STE 1907   |  |  |
| BOCA RATON F( 3345)  (An additional article must be added if an effective date is requested)   |  |  |
| (ATT GOGIEGATIAL STRICE THASE DE STABETHE STREET AC MARC 12 LECTRESTED)  |  |  |

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.)

SACYADORE GERARDO TRAFICANTE

Typed or printed name of signee

## FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (OPTIONAL)

\$ 5.00 Certificate of Status (OPTIONAL)