

Division of Corporations Public Access System

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

The most of

LIMITED LIABILITY COMPANY

swisstex, llc

Certificate of Status 0 Certified Copy 1 Page Count 03 Estimated Charge \$155.00

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 28, 2005

EMPIRE CORPORATE KIT COMPANY

SUBJECT: SWISSTEX, LLC

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RTICLES OF ORGANIZATION RTICLE 1 - Name:	·	TALLAHASSEE.
he name of the Limited Liability Co	ompany is:	
		" .
wisstex, LLC		
RTICLE II - Address:	•	÷ .
e mailing address and street addres	ss of the principal office of the Limite	d Liability Company is:
inginal Office Address.	Bitallian & Jahrens	
incipal Office Address:	Mailing Address:	â
6 Seabreeze Circle	56 Seabreeze Circle	•
eacrest Beach, FL 32413	Seacrest Beach, FL 32413	
		ent's Signature:
	ess of the registered agent are: Hans-Ueil Wemli	ent's Signature:
	ess of the registered agent are:	ent's Signature:
ne name and the Florida street addre	ess of the registered agent are: Hans-Uell Wemli Name 56 Seabreeze Circle	
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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

2005 JAN 28 A II: 22

<u>l'itle:</u> "MGR" = Mana "MGRM" = Ma	ger naging Member	Name and Addres	i <u>s:</u>	SEC! TALL/	RETARY OF AHASSEE,	STATE FLORIDA
MGRM	•	Hans-Ueli Wemii		-	,	
		56 Seabreeze Circle			- · .	
•		Seacrest Beach, FL	32413		_	
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Use attachment	if necessary)		•			
NOTE: An add	litional article must be	added if an effectiv	e date is reques	ted.		
REQUIRED SI	GNATURE:			•		
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•	- 107 L					
	Signature of a member o	r an auchorized represe	dernye di a memo	er		•
	(In accordance with section of this document constitute that the facts stated here	es an affirmation under th	tutes, the execution e penalties of perju	ry ,		
· · · .	Hsn	s-Ueli Wemli				
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\$ 5.00 Certificate of Status (Optional)