

2050000 594600

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.

((H05000148246 3)))

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 : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

05 JUN 16 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

RECEIVED  
05 JUN 16 AM 8:11  
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

EUROPEAN DEVELOPMENT AND INVESTMENT GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

*6/16/16*  
*[Signature]*

Electronic Filing Menu

Corporate Filing

Public Access Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **European Development and Investment Group, LLC**

**ARTICLE II - Address:**

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

Principal Office Address:

**407 Lincoln Road  
Suite# 500  
Miami Beach, FL, 33139**

Mailing Address:

**407 Lincoln Road  
Suite# 500  
Miami Beach, FL, 33139**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

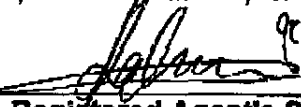
The name and the Florida street address of the registered agent are:

**Iatvan Halmi**  
Name

**407 Lincoln Road, Suite# 500**  
Florida Street address (P.O. Box NOT acceptable)

**Miami Beach, FL, 33139**  
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**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 JUN 16 AM 8:53

FILED

**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

Manager

Istvan Halmi  
407 Lincoln Road  
Suite# 500  
Miami Beach, FL, 33139

Managing Member


Managing Member

Managing Member

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 806.406(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ISTVAN HALMI

Typed or Printed Name of Signee

FILED  
05 JUN 16 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA