(05000063872

| (Requestor's Name) | | | | |
|-----------------------------------------|---|--|--|--|
| (Address) | | | | |
| (Address) | _ | | | |
| (City/State/Zip/Phone #) | _ | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | _ | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



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W5-63812

TRANSMITTAL LETTER

| TO: | Registration Se Division of Con | | | |
|------------|------------------------------------|-----------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|
| SUBJE | TA. | (Name of Limite | d Liability Company) | -P LLC |
| The encl | osed Articles of | Organization and fee(s) are s | ubmitted for filing. | |
| Please re | turn all corresp | ondence concerning this matt | er to the following: | |
| | | R. DA | WES | |
| | | (| Name of Person) | |
| \bigcirc | ALIA (| JNTERNATI | Firm/Company) | p LLC |
| | 157 | 5 MAIN | STREFT (Address) | |
| | | DUNE din (City | , F1 3415 /State and Zip Code) | 98 |
| For furth | er information | concerning this matter, please | call: | |
| P | . Sp. (Name | WFS of Person) | at (\$\frac{\mathbb{S}}{\text{Area Code & Daytime T}} | elephone Number) |
| Enclose | d is a check fo | or the following amount: | | |
| ☐ \$125. | 00 Filing Fee | ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy |

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

(additional copy is enclosed):

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company | is: |
|-------------------------------------------|-----|
| | |

TALIA INTERNATIONAL GROUP LLC

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:

Mailing Address:

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

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

Florida street address (P.O. Box NOT acceptable)

Oursdin FL 34698

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..

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|-------------------------------------------------|-------------------------------------------------------------|
| mgem | BRADLEY WILSON 811 SEVILLA DRIVE BOLD RATON, FL 33432 |
| mgem | DENOFF DENOFF DENOFF DENOFF DENOFF |
| myan | R. DAWES 1575 MAIN STREET DUNGDIN, FL 34698 |
| ~/a | |
| (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 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.)

K. DIAWES

Typed or printed name of signee

Filing Fees:

- ✓ \$125.00 Filing Fee for Articles of Organization and Designation
 of Registered Agent
- ✓ \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)