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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	CCT: FlyImageUSA LLC (Name of Limited Liability Company)	-		
The c	closed Articles of Organization and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Douglas Perusse			
	(Name of Person)		•	
	D&R Minilab Service Inc.	20	9	
	(Firm/Company)		) 338 338	
	100 NE 6th Ave #403	6 HAR 3		
	(Address)	<u></u> _	(S)	
Homostood El 22020				
	Homestead, FL 33030 (City/State and Zip Code)	PH 3: 5	RATE	
	( and a second	5	ON/C	
For fi	ther information concerning this matter, please call:			
!	esley Yang <sub>at (</sub> 858 <sub>)</sub> 205-0797			
**************************************	(Name of Person) (Area Code & Daytime Telephone Number)			
Encl	sed is a check for the following amount:			
[i 31.	5.00 Filing Fee \$\ \text{\$130.00 Filing Fee & }\ \text{\$\ \text{Certificate of Status} \} \text{\$\ \text{Certified Copy} \} \text{\$\ \text{Certified Copy} \} \text{\$\ \text{Certified Copy} \} \text{\$\ \text{Certified Copy} \} \text{\$\ \text{(additional copy is enclosed)} \} \text{\$\ \text{Certified Copy} \} \text{\$\ \text{(additional copy is enclosed)} \} \text{\$\ \text{Certified Copy} \} \text{\$\ \text{(additional copy is enclosed)} \} \text{\$\ \text{Certified Copy} \} \text{\$\ \text{(additional copy is enclosed)} \} \text{\$\ \text{Certified Copy} \} \text{\$\ \text{(additional copy is enclosed)} \} \text{\$\ \text{Certified Copy} \} \text{\$\ \text{(additional copy is enclosed)} \} \text{\$\ \text{Certified Copy} \} \text{\$\ \text{(additional copy is enclosed)} \} \end{\text{(additional copy is enclosed)} \} \text{\$\ \text{(additional copy is enclosed)} \} \text{\$\ \text{(additional copy is enclosed)} \} \text{\$\ \text{(additional copy is enclosed)} \} \end{\text{(additional copy is enclosed)} \} \text{\$\ \text{(additional copy is enclosed)} \} \text{(additional copy is enclosed)} \} \text{(additional copy is enclosed)} \} (additional copy is	itus &		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
FlylmageUSA LLC			
(Must end with the words "Limited Liability Company, "Limite	ed Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Com	ıpany	is:
Principal Office Address:	Mailing Address:		
100 NE 6th Ave., -#403	100 NE 6th Ave., -#403		
Homestead, FL 33030	Homestead, FL 33030		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)  The name and the Florida street address of the s	tered Agent. You must designate an individual or another registered agent are:		SECKETARY DIVISION OF CO
400 NF CU. A		2	304305 4 04 21
100 NE 6th Ave., -#403	dress (P.O. Box NOT acceptable)	ယ္	78. 78. 78. 78. 78.
	aress (F.O. Box <u>NOT</u> acceptable)	ល	SE SE
Homestead, FL 33030 City, State.	FL		<del>z</del>
City, State,	and Zip		
registered agent and agree to act in this capacit statutes relating to the proper and complete p	this certificate, I hereby accept the appointm ty. I further agree to comply with the provision	ent a ons o vith a	s fall nd

(CONTINUED)
Page 1 of 2

Registered Agent & Signature (REQUIRED)

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGRM (50%)	Mr. Douglas Perusse	_
	100 NE 6th Ave., -#403	_
	Homestead, FL 33030, USA	
MGRM (25%)	Ms. Lesiey Yun Yang	
	5852 Indian Summer Drive	
	Clarksville, MD 21029, USA	
MGRM (25%)	Mr. Yi Li	201
	12 Keji South Road, Fangda Building, RM 5	70 S
	Shenzhen, Guangdong, China	<sup>10</sup> ₹
		ယ်
		بب-
(Use attachment if necessary)		C
LE V: Effective date, if other than t	the date of filing: (OPT	
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ELE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a men (In accordance with of this document conthat the facts state Douglas Perus  Filing Fees:  \$125.00 Filing Fee for Articles of On	aber or an authorized representative of a member.  a section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury ed herein are true.)  SE  Typed or printed name of signee	
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a men  (In accordance with of this document conthat the facts state  Douglas Perus  Filing Fees:	aber or an authorized representative of a member.  a section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury ed herein are true.)  SE  Typed or printed name of signee	

Page 2 of 2