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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

g.l.l.j. viceroy, llc

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31 HODGES

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(4)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

G.L.L.T. Viceroy, LLC

ARTICLE I

The name of this Limited Liability Company is:

G.L.L.T. Viceroy, LLC

ARTICLE II

This Limited Liability Company shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The mailing address and principal place of business of this Limited Liability Company is: 6620 SW 139 AVENUE, MIAMI, FL 33183

ARTICLE IV

The general nature of business of this Limited Liability Company is to transact any and all lawful business.

ARTICLE V

The name and street address of the initial Registered Agent of the this corporation shall be:

Nelson A Rodriguez Varela
2 Alhambra Plaza, Suite 801 112
Coral Gables, FL 33134

STATE OF FLORIDA
DIVISION OF CORPORATIONS

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ARTICLE VI

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

1. Dimitrios Ekoulakis 23 Kerair Street
Managing Member Athens - 10673 Greece
2. Matieu LAUERJAT 31 rue d'aygosi
Managing Member 13100 Aix-en Provence, France
3. Andreas G. Leventakos 61 Rue Talheimer 92120
Managing Member Montrouge, France
4. Paul Alexandre Jarquin 50 Rue Didrot 93100
Montreuil, France

(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.)

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

G.L.W.J. VICEROY, LLC

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.

Signature: _____



Registered Agent

REGISTERED AGENT NAME: Nelson A Rodriguez Varela
ADDRESS: 2 Alhambra Plaza, Suite 801 112
CITY OF: MIAMI COUNTY OF: MIAMI-DADE STATE OF: FLORIDA

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