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PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

John

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT:	d Liability Company)		
The enclosed Articles of Organization and fee(s) are so	ubmitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
Ted W	relana		
c/o 151	Name of Person)		
5500 35	+ m st. W.		
Bradenton	(Address) 34210		
(City/State and Zip Code) For further information concerning this matter, please call:			
Ted Weeking	941 752 2501		
(Name of Person)	at (
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\bigcup \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section 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:

Bumi Sirotka, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "l	L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabili	ty Company is:
Principal Office Address: Mailing Address:	
Bum Sivotka LLC CYO ISD, L	. <u></u>
Bradenton Florida 34210	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sig (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual obusiness entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	utors ILC
5500 34th St.W.	ath: Te
Florida street address (P.O. Box NOT acceptable)	V ((0)
City, State, and Zip	
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the ap-	
registered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the prope <u>r</u> and complete performance of my duties, and I am fan	
accept the obligations of my position as registered agent as provided for in Chapt	
For Muline	O6 J
Registered Agent's Signature (REQUIRED)	HE W
(CONTINUED)	
Page 1 of 2	₹ 5

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	The whow Spire Distributors, LC
MGRM attn:	Tel Meekma # #55
MGRM	Bradenton FL 34210 Singanallur R. Narayanan 301 East 79th Street, #14 H
MGR	New York, NY 10021 Bumi Sirotka
WGR	201 East 69th Street, Apt. PHA New York, NY 10021 Avif B. Rahman Director Finance P.D. Box 5239
(Use attachment if necessary)	Durai MAE
RTICLE V: Effective date, if other than the da	te of filing: (OPTIONAL)

ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATUR

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 wated begin are true.)

Typed or printed name of signe

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)