Division of Corporations   Page 1 of 1

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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   : C T CORPORATION SYSTEM
    Account Number : FCA000000023
    Phone   : (850)222-1092
    Fax Number   : (850)878-5926

FILED 06 JUL 24 AM 11:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA

RECEIVED 06 JUL 24 PM 1:26 DIVISION OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Delta Firma, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Delta Firma, LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C..")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
150 E. Fourth Street, 4th Floor	150 East Fourth Street, 4th Floor
Cincinnati, Ohio 45202	Cincinnati, Ohio 45202

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CT Corporation System
Name

1200 Pine Island Road
Florida street address (P.O. Box NOT acceptable)

Plantation _____ FL 33324
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..

Carol Record
Registered Agent's Signature (REQUIRED)

Carol Record
Assistant Secretary

(CONTINUED)
Page 1 of 2

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TALLAHASSEE, FLORIDA

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
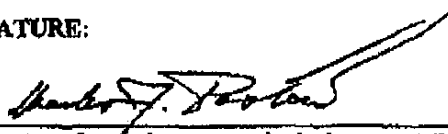
<u>Name and Address:</u>

Aboud Samawi, MGR

10132 Longlord Drive
Knoxville, TN 37922

(Use attachment if necessary)

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.)

<u>**REQUIRED** SIGNATURE</u>:

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.)

Charles J. Postow, Esq.
Typed or printed name of signee

<u>Filing Fees:</u>

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

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