Division of Corpo ations Ohttps://www.exe

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H070002070193)))



H070002070193ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.

sedar usa, lic

Certificate of Status 0
Certified Copy 1
Page Count 03

Estimated Charge \$155.00

Electronic Filing Menu

Corporate Filing Menu

G 16 AM IO: 02
HASSEE, FLORID
Help

2007 AUG 16 AH

1 of 1

8/16/2007 1:23 PM

PAGE 01/03

EMPIRE CORP KIT

9696889908

08/16/2007 13:51



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compar	ıy is:	
SEDAR USA, 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 t	he principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
18861 NE 29th Ave Ste 700	18851 NE 29th Ave Stq 700	
Aventura FL 33180	Aventura FL 33180	
		
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own dusiness antity with an autive florida registration.)		
The name and the Florida street address of	the registered agent are:	
YULIAV PI	ERVOVA	. ;
<u> </u>	Vame	
18851 NE 29th Ave St	e 700	
	et address (P.O. Box NOT acceptable)	
Aventura	FT 33180	
City, S	tate, and Zip	4 1 7
Having been named as registered agent an liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this cartifloate, I hereby accept the vacity. I further agree to comply with te performance of my duties, and I am	e appointment as the provisions of all 1 familiar with and
	•	20 TAIS
M <u> </u>		
Registered Agent's S	ignature (REQUIRED)	MG 16
(00s)	PPAIR I POSS	
(CON:	TINUED) 1of2	OF S
2 445*	H07000	ઽઌૹૢૢૹ૽ૼૢૡૢ૽ૺ

H07000207019

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" - Manager "MGRM" = Managing Member MGRM VADIM BATURIN 18851 NE 29TH AVE STE 700 AVENTURA FL 33180 MGR YULIA V. PERVOVA 18851 NE 29TH AVE STE 700 AVENTURA FL 33180 (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.) 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.) YULIA V. PERVOVA Typed or printed name of signee Filipg Poes: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) Page 2 of 2 H07000207019