# L08000013668

(Re	equestor's Name)		
(Ad	ldress)		
<b>V</b>	· · · · · · · · · · · · · · · · · · ·		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
_	<del>_</del>		
(Bu	isiness Entity Nan	ne)	
(Do	cument Number)		
Cortified Conins	Cortificator	of Status	
Certified Copies	Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	·	
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### COVER LETTER

TO:	Registration S Division of Co			
SUBJE	ест: <u>Sin</u>	notek Inter, (Name of Limit	national LLC ed Liability Company)	
The end	closed Articles of	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this mat	ter to the following:	
	_	Yi.	Zhang (Name of Person)	
•			(Name of Person)	
	5	inotek Inter	-national LLC (Firm/Company)	•
			(Firm/Company)	
	17371	Emerald (Tampa, F	Chase Dr.	
			(Address)	
		Tampa, F	L 33647	
		(Cit	ty/State and Zip Code)	
For fur		concerning this matter, pleas		
	yi Z	hang	at ( 813 ) 972 - 3	3870
	(Name	of Person)	(Area Code & Daytime Telep	hone Number)
Enclos	sed is a check fo	or the following amount:		
<b>\$125</b> .	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy	\$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 Cit	rcle

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Lia	bility Company is:	
Sinotek	International	LLC

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

#### ARTICLE II - Address:

Principal Office Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

**Mailing Address:** 

Principal Office Address:	Mailing Address:		
17371 Emerald Chase. Dr. Tampa, FL 33647	17371 Emerald ( Tampa, FL 336	hase Dr	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)  The name and the Florida street address of the	gistered Agent. You must designate an indiv		
y; Zha	ng	FEB -6 ECRETAF	
17371 Emerald Florida street a	Chase Dr.  ddress (P.O. Box NOT acceptable)	PH 12:	
Tampa,	EL 33647	器。	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

## 

#### **REQUIRED SIGNATURE:**

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 begin are true.)

that the facts stated herein are true.)

Typed or printed name of signed

#### 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)