

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.

(((H08000171993 3)))



H080001719933ABC5

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) 617-6383

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

; (850)222-1092

Fax Number

: (850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Pangea Global Management, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Pengea Global Management, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "L.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: 1518 Whitney Isles Drive CT Corporation System Windermere, FI, 34786 1200 South Pine Island Road Plantation, FL 33324 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: C T Corporation System Name 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable) Plantation

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

CT Corporation System SONAGE BRYAN SECRETARY

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

| Title: | | Name and Address: | |
|---|---|---|-------------------------------------|
| "MGR" = Man | | | |
| "MGRM" = M | anaging Member | | |
| MGRM | | Mintoo Bhandari | , |
| | | 1518 Whitney Isles Drive | |
| | | Windermere, FL 34786 | |
| MGRM | | Amit Nahato | |
| | | 8418 David Drive | |
| | | Bridgeville, PA 15017 | |
| MGRM | | Sanjiy Bansal | |
| | | 192 Shepherd Lane | |
| | | Rostyn Heights, NY 11577 | |
| | | | |
| ······································ | | | |
| | | | - |
| (Use attachmen | e date, if other than the d | | TIONAL) |
| ` L E V: Effective | c date, if other than the disted, the date must be | date of filing:, (OP specific and cannot be more than five busin | |
| LE V: Effective fective date is l days after the | e date, if other than the disted, the date must be date of filing.) | | |
| LE V: Effective fective date is l days after the | e date, if other than the disted, the date must be date of filing.) | | ess days prior |
| LE V: Effective fective date is l days after the | e date, if other than the disted, the date must be date of filing.) | | |
| LE V: Effective fective date is l days after the | e date, if other than the disted, the date must be date of filing.) IGNATURE: | | ess days prior |
| LE V: Effective fective date is l days after the | signature of a member of this document constitution. | or an authorized representative of a member. ion 608.408(3), Plorida Statutes, the execution uses an affirmation under the penalties of perjury | ess days prior SECRETAR TALLAHASS |
| LE V: Effective fective date is l days after the | sisted, if other than the disted, the date must be late of filing.) IGNATURE: Signature of a member (In accordance with sact of this document constituted the facts stated be | or an authorized representative of a member. ion 608.408(3), Plorida Statutes, the execution uses an affirmation under the penalties of perjury | ess days prior SECRETARY TALLAHASSE |
| LE V: Effective fective date is l days after the | Signature of a member of this document constitute that the facts stated he scott Wentz | or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury arein are true.) | ess days prior SECRETARY TALLAHASSE |
| LE V: Effective fective date is l days after the | Signature of a member of this document constitute that the facts stated he scott Wentz | or an authorized representative of a member. ion 608.408(3), Plorida Statutes, the execution uses an affirmation under the penalties of perjury | ess days prior SECRETARY TALLAHASSE |
| ` LE V: Effective fective date is l | Signature of a member of this document constitute the facts stated he scott Wentz | or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury arein are true.) | SECRETARY OF |
| LE V: Effective fective date is led ays after the secoutred S | Signature of a member of this document constitute the facts stated he scott Wentz | or an authorized representative of a member. ion 608.408(3), Plorida Statutes, the execution uses an affirmation under the penalties of perjury spein are true.) | ess days prior SECRETARY TALLAHASSE |

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