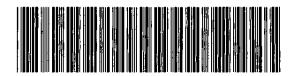
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•	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE
SECRETARY OF STATE



July 18, 2008

>

ALAIN DEPINOY 1330 MOONMIST DRIVE SARASOTA, FL 34242

SUBJECT: DEPINOY INTERNATIONAL, LLC

Ref. Number: W08000034016

We have received your document for DEPINOY INTERNATIONAL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete ARTICLE III.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 908A00042068

COVER LETTER

Division of Corporat	tions	•	
SUBJECT: DEPINOY	INTERNATIO	NAL	
besider.		ed Liability Company)	
The enclosed Articles of Organ	nization and fee(s) are	submitted for filing.	
Please return all correspondence	ce concerning this mat	ter to the following:	
ALAIN DEPING	YC		
		(Name of Person)	
DEPINOY INT	ERNATIONA	L	
		(Firm/Company)	
1330 MOONM	IIST DRIVE		
		(Address)	
SARASOTA, F	L 34242		
	(Cit	y/State and Zip Code)	
For further information concern	ning this matter, please	e call:	
MARIE-ELSIE LOU	JSTEAU	at (941) 320-0571	
(Name of Perso	on)	(Area Code & Daytime Telep	hone Number)
Enclosed is a check for the fo	ollowing amount:		
	30.00 Filing Fee & rtificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi P.O.	ling Address istration Section ision of Corporations Box 6327 ahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	: ,		
The name of the Limi	ited Liability Company is:		
DEDINOV INTE	RNATIONAL, LLC.		
	end with the words "Limited Liability	Company "I I C " or "I I C ")	
(Music	and with the words. Enfitted Clability	y Company, E.E.C., or EEC.	
ARTICLE II - Addr	ess:		
The mailing address a	and street address of the prin	ncipal office of the Limited Liabilit	y Company is:
_	•	•	
Principal Office Add	dress:	Mailing Address:	
4000 HOONINGT DOWE			
1330 MOONMIST DRIVE		1330 MOONMIST DRIVE	
SARASOTA, FL 34242		SARASOTA, FL 34242	
	oany cannot serve as its own Register	Office, & Registered Agent's Sign red Agent. You must designate an individual or	r another
The name and the Flo	orida street address of the re	gistered agent are:	器 2 可
	Sauce A Co	LARATH SEA	TAFLAFF
_	STEVEN A. CU	USICH BE.	757 7
			System To
•	2198 MAIN S	آخ .	PM 2:31
	Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)	FLORI ?
	SARASOTA,	FL 34237	
	City, State, an	d 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..

Registered Agent's Signature (REQUIRED)

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	Name and Address:
"MGRM" = Managing Member	
MGR	ALAIN DEPINOY
	1330 MOONMIST DRIVE
	SARASOTA, FL 34242
<u> </u>	
(Use attachment if necessary)	
ARTICLE V. Effective date if other than	the date of filing: <u>July 15, 2008</u> . (OPTIONAL)
(If an effective date is listed, the date mu to or 90 days after the date of filing.)	ist be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	AS 08
	三十二

Signature of a member of 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.)

ALAIN DEPINOY

Typed or printed name of signee

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)