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EXAMINER

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FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446 .

WALK-IN

ENTITY NAME:

S.W.G. INVESTMENTS US LLC

CK# 3485

AMOUNT \$160.00

OFFICE USE ONE 15 AM 8: 55

PLEASE FILE THE ATTACHED ARTICLES OF ORGANIZATION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

____ STAMPED COPY

XXX CERTIFICATE OF STATUS

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT: S.W.G. Investments US LLC	
		ited Liability Company)
The end	closed Articles of Organization and fee(s) are	e submitted for filing.
Please :	return all correspondence concerning this ma	atter to the following:
	Peter F. Souza	•
•		(Name of Person)
1	GEC Group, LLC	¥
•		(Firm/Company)
	2731 Executive Park Drive, Suite 4	
•		(Address)
	Weston, FL 33331	
-		ity/State and Zip Code)
For furt	her information concerning this matter, pleas	se cali:
Peter F	. Souza	at (954) 318-2787
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclose	ed is a check for the following amount:	
	OO Filing Fee \$\(\sum_{\text{s}130.00} \) Filing Fee & Certificate of Status	\$155.00 Filing Fee & Sectificate of Status & Certified Copy (additional copy is enclosed) \$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 Circle Tallahassee, FL 32301

RTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	The second secon
The name of the Limited Liability Comp	pany is:
S.W.G. Investments US LLC	K.A.
	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	. ~
	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2731 Executive Park Drive, Suite 4	2731 Executive Park Drive, Suite 4
Weston, FL 33331	Weston, FL 33331
The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are:
The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)	wn Registered Agent. You must designate an individual or another
The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate an individual or another
The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address	of the registered agent are:
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address NRAI Services, Inc. 2731 Executive Park I	of the registered agent are:
The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address NRAI Services, Inc. 2731 Executive Park i	of the registered agent are: Name Drive, Suite 4
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address NRAI Services, Inc. 2731 Executive Park I Florida Weston	of the registered agent are: Name Drive, Suite 4 street address (P.O. Box NOT acceptable)
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address NRAI Services, Inc. 2731 Executive Park I Florida Weston City Having been named as registered agent liability company at the place designar registered agent and agree to act in this statutes relating to the proper and company to	of the registered agent are: Name Drive, Suite 4 Street address (P.O. Box NOT acceptable) FL 33331 y, State, and Zip and to accept service of process for the above stated limitated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of plete performance of my duties, and I am familiar with an as registered agent as provided for in Chapter 608, F.S.

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Great Wall Street LLC
MOIN	2731 Executive Park Drive, Suite 4
	Weston, FL 33331
MGR	GEC Group, LLC
	2731 Executive Park Drive, Suite 4
	Weston, FL 33331
(Use attachment if necessary) CLE V: Effective date, if other than the	e date of filing: (OPTIONA
CLE V: Effective date, if other than the	e date of filing: (OPTIONA oe specific and cannot be more than five business day
CLE V: Effective date, if other than the effective date is listed, the date must be	e date of filing: (OPTIONA be specific and cannot be more than five business day
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONAl oe specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must is days after the date of filing.) REQUIRED SIGNATURE:	pe specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must is 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member.
CLE V: Effective date, if other than the effective date is listed, the date must is 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution attitutes an affirmation under the penalties of perjury
CLE V: Effective date, if other than the effective date is listed, the date must is 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitute the facts stated	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)
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CLE V: Effective date, if other than the effective date is listed, the date must is 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitute the facts stated Karen L. Redman,	per or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.) Authorized Representative
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CLE V: Effective date, if other than the effective date is listed, the date must is 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitute the facts stated Karen L. Redman, Tiling Fees: \$125.00 Filing Fee for Articles of Org.	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.) Authorized Representative yped or printed name of signee anization and Designation