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"SECRETARY OF STATITALLAHASSEE, FLORII

B. KOHR
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EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|------------------|
| SUBJECT: ZY MANAGEMENT, LLC | 00 |
| (Name of Limited Liability Company) | 包含 |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | OSHIR IO R |
| Please return all correspondence concerning this matter to the following: | 1200 1400 |
| ANDY LEE | OB T |
| (Name of Person) | 7 |
| FATSI, LLC | V. |
| (Firm/Company) | |
| P. O. BOX 7476 | |
| (Address) | |
| GAITHERSBURG, MD 20898 | |
| (City/State and Zip Code) | |
| | |
| For further information concerning this matter, please call: | |
| ANDY LEE, PLEASE CALL ATFER 3:00 P.M. at (301) 519-2277, AFTER 3:00 P.M. (Area Code & Daytime Telephone Number 1) | 3:00P.M. Der) |
| Enclosed is a check for the following amount: | |
| (additional copy is enclosed) Certified | te of Status & |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ZY MANAGEMENT, LLC

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

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Comp

| rincipal Office Address: | Maning Address. | |
|--------------------------|--------------------------------------|--|
| 7709 BURNT OAK TRAIL | C/O FATSI, LLC | |
| JACKSONVILLE, FL 32256 | P. O. BOX 7476 | |
| ATTN: MR. ZHI J. YU | GAITHERSBURG, MD 20898, 301-519-2277 | |

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:

| ZHI J. YU |
|--|
| Name |
| 7709 BURNT OAK TRAIL |
| Florida street address (P.O. Box NOT acceptable) |
| JACKSONVILLE, FL _{FL} 32256 |
| City, State, and 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 Signatur (REQUIRED)

(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:

| <u>Title:</u> | Name and Address: | |
|--------------------------|------------------------|--|
| "MGR" = Manager | | |
| "MGRM" = Managing Member | | |
| MGRM | XIN Z. YU | |
| <u></u> | 7709 BURNT OAK TRAIL | |
| | JACKSONVILLE, FL 32256 | |
| MGR | ZHI J. YU | |
| | 7709 BURNT OAK TRAIL | |
| | JACKSONVILLE, FL 32256 | |
| NA | NA | |
| | | |
| | | |
| NA | NA | |
| | | |
| | | |
| | | |

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MARCH 15, 2009. (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.)

REQUIRED SIGNATURE:

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.)

ZHI J. YU AND XIN Z. YU

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)