# Florida Department of State

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From:

Account Name : FLORIDA INCORPORATORS, INC. EXAMINER

Account Number : 075350000473 Phone : (813)632-7882 Fax Number : (305)402-3141

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SLOVEAST LLC

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# RESTATED ARTICLES OF ORGANIZATION FOR

#### SLOVEAST LLC

#### A FLORIDA LIMITED LIABILITY COMPANY

# ARTICLE I - Name:

The name of the Limited Liability Company is:

SLOVEAST LLC

ARTICLE II - Req. Agent and Registered Office:

The registered agent and registered office of the limited liability company shall be Florida Incorporators, Inc., 8875 Hidden River Pkwy Stc. 300, Tampa, FL 33637, United States of America, United States of America.

# ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

50 years

FLORIDA INCORPORATORS, INC. 8875 Hidden River Pkwy Ste 300 l Tampa, FL 33637 (813) 632-7882

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# ARTICLE IV - Management:

The Limited Liability Company is to be managed by a manager who is empowered to act solely on behalf of the Limited Liability Company, and the name, address, and date of birth of the manager is:

# Mr. Milton Philbert

Manager

Date of birth: 20th July 1950

Address: 24 Murphy's Lane, Goodwill, Dominica

#### ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

The remaining members may admit additional members upon the majority vote of the remaining members consenting to the admission of the additional member.

# ARTICLE VI - Members Rights to Continue Business:

The right of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The remaining members have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited

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liability company upon the majority vote of the remaining members.

ARTICLE VII - Mailing Address:

The mailing address of the Limited Liability Company is:

SLOVEAST LLC 7803 Blue Spring Drive Land O Lakes, FL 34639 United States of America

ARTICLE VIII - Street Address:

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

SLOVEAST LLC 7803 Blue Spring Drive Land O Lakes, FL 34639 United States of America

DATED: June 9, 2010

MARK HANKINS

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# ACCEPTANCE OF REGISTERED AGENT

I hereby declare I am familiar with and accept the duties and responsibilities as registered agent of the limited liability company.

FLORIDA INCORPORATORS, INC.

By:

MARK HANKINS, President