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| Special Instructions to | Filing Officer:    |               |
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EXAMINER

## **COVER LETTER**

| TO:     | Registration Section Division of Corporations   |  |            |          |  |
|---------|---|--|------------|----------|--|
| SUBJI   | ECT: SESS USA   |  |            |          |  |
|         | Name of Limi  | ited Liability Company   |            |          |  |
| The en  | closed Articles of Organization and fee(s) are  | e submitted for filing.  |            |          |  |
| Please  | return all correspondence concerning this ma  | tter to the following:   |            |          |  |
|         | PREM BASDEO   |  |            |          |  |
|         | NAME OF TAXABLE PARTY.  | Name of Person   |            |          |  |
|         |   |  |            |          |  |
|         |   | Firm/Company   | AESE       |          |  |
|         | 1163 N.E. 87 STREET   |  | CRE<br>LAF | JAN      | -  |
|         |   | Address  | SS         | 12       | (F)  |
| (       | MIAMI, FL 33138-3484  |  | E C        |          | Character of the Charac |
|         |   | ity/State and Zip Code   |            | PH 3: 30 | 1  |
|         | greeba.r.issue@hotmail.com  |  | RATE       | 30       |  |
| •       | E-mail address: (to be used   | for future annual report notification)   | 7          |          | -  |
| For fur | ther information concerning this matter, please   | se call:   |            |          |  |
| Prem    | n Basdeo  | at ( 786 ) 507-3282  |            |          |  |
|         | Name of Person  | Area Code & Daytime Telephone Num  | ber        |          |  |
| Enclos  | sed is a check for the following amount:  |  |            |          |  |
|         | Filing Fee \$\sum_\$130.00 Filing Fee & Certificate of Status                                     | (additional copy is enclosed) Certified  | ate of Sta | tus &    |  |
|         | 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 |            |          |  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is:  |
|--|
| SESS USA, 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 Company is |

**ARTICLE I - Name:** 

| Principal Office Address: | Mailing Address:     |
|---------------------------|----------------------|
| 1163 N.E. 87 STREET       | 1163 N.E. 87 STREET  |
| MIAMI, FL 33138-3484      | MIAMI, FL 33138-3484 |
|                           |                      |

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: PREM BASDEO Name 1163 N.E. 87 STREET Florida street address (P.O. Box NOT acceptable) FL 33138-3484 City, State, and Zip MIAMI

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..

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

| "MGR" = Manager "MGRM" = Managing Member   | Name and Address:   |
|--|---|
| MGR MGR  | GREEBA RAMPAUL-ESSUE  8 Ryan Street, Diamond Village, San Fernando Trinidad & Tobago  |
|  |   |
|  |   |
|  |   |
| (Use attachment if necessary)  |   |
| CLE V: Effective date, if other the  | an the date of filing: (OPTIONAL nust be specific and cannot be more than five business days  |
| CLE V: Effective date, if other the effective date is listed, the date mode days after the date of filing.)  REQUIRED SIGNATURE:   | member or an authorized representative of a member of |
| CLE V: Effective date, if other the effective date is listed, the date mode days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a light days affirmation I am aware that any false constitutes a third degree | member or an authorized representative of a member of an authorized representative of this document or under the penalties of perjury that the facts stated herein are true, in information submitted in a document to the Department State of the felony as provided for in s.817.155, F.S.)   |
| CLE V: Effective date, if other the effective date is listed, the date mode days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a reconstitutes an affirmation I am aware that any false                      | member or an authorized representative of a member of an authorized representative of this document or under the penalties of perjury that the facts stated herein are true, in information submitted in a document to the Department State of the felony as provided for in s.817.155, F.S.)   |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)