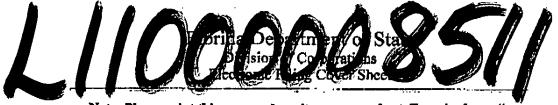
Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110000170413)))



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Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Phone

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

<u>camillawhite @ sku.com</u>

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CAMILLA, LLC

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D. BRUCE

JAN 21 2011

EXAM

H11000017041

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address		
The mailing address and street add	ess of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
502 Finch Court	502 Finch Court	_
Kissimmee, FL 34759	Kissimmee, FL 34759	_
	·	_
	Agent, Registered Office & Registered Agent's Signature of the registered agent are: Mithleshwaric Moti	77
	of the registered agent are: Mithleshwaric Moti	FILE
	of the registered agent are: Mithleshwaric Moti	FILED
	of the registered agent are: Mithleshwaric Moti Name	FILED
	Mithleshwarie Moti Name 839 Marquis Court	FILED
ARTICLE III - Registered. The name and Florida street addres	Mithleshwarie Moti Name 839 Marquis Court (P.O. Box or Mail Drop Box NOT Acceptable)	FILED

H11000017041 ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" -- Managing Member **MGRM** Camilla White - 1 Windsor Avenue, Sutton, Surrey, United Kingdom SM3 9RR (Use attachment if necessary) REQUIRED SIGNATURE:

> (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the ponalties of perjury that the facts stated herein are true.)

Camilla White Typed or printed name of signee