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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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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.**

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FLORIDA LIMITED LIABILITY CO.
OLED GROUP, LLC

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

OLED GROUP, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

**The Name of the Limited Liability Company shall be:
OLED GROUP, LLC**

ARTICLE II

**The Company is organized for any legal and lawful purpose for which a
limited liability company may be organized pursuant to the Act.**

ARTICLE III

**The mailing address and street address of the principal office of the
limited liability company is :**

**3067 NE 163RD STREET
NORTH MIAMI BEACH, FL 33160**

ARTICLE IV

The name of the Manager (s) shall be:

**MANAGER
VINCE SANDERS
1945 S. OCEAN DR #1401
HALLANDALE BEACH, FL 33009**

**MANAGER
JOSE CARLOS AZUA
2445 SW 10TH STREET
MIAMI, FL 33135**

ARTICLE V

The name and florida street address of the registered agent:

**VINCE SANDERS
1945 S. OCEAN DR #1401
HALLANDALE BEACH, FL 33009**

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

41200055106

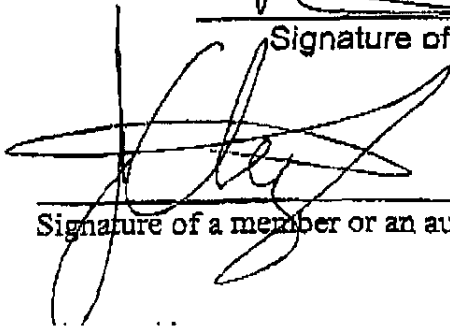
OLED GROUP, LLC

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability company at the place designated in the articles of organization, 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.



Signature of Registered Agent



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.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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VINCE SANDERS

Typed or printed name of signee

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