

L12000066611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

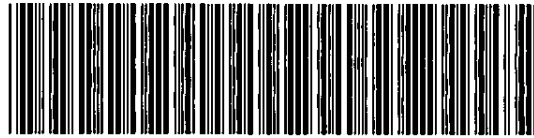
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MAY 17 2012

EXAMINER



700235127867

RECEIVED

2012 MAY 15 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
DIVISION OF CORPORATIONS
12 MAY 15 AM 10:14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 205096 4353424

AUTHORIZATION :

Spredelman

COST LIMIT : \$ 130.00

FILED
OFFICE OF THE CLERK
STATE OF MICHIGAN
12 MAY 15 4:11 PM '12

ORDER DATE : May 15, 2012

ORDER TIME : 4:05 PM

ORDER NO. : 205096-005

CUSTOMER NO: 4353424

DOMESTIC FILING

NAME: DEBANDAR INTERNATIONAL, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce - EXT. 2919

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

RECEIVED
REGISTRATION SECTION
DIVISION OF CORPORATIONS
12 MAY 15 AM 10:14

SUBJECT: DEBANDAR INTERNATIONAL, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Hammond
Name of Person

Kudman Trachten Aloe LLP
Firm/Company

350 Fifth Avenue, Suite 4400
Address

New York, NY 10118
City/State and Zip Code

whammond@kudmanlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Hammond at (212) 868-1010
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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
Tallahassee, FL 32301

FILED
STATE OF FLORIDA
12 MAY 15 AM 10:14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEBANDAR INTERNATIONAL, 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:

Principal Office Address:

Mailing Address:

434 Chilean Avenue, Apt. 4B
Palm Beach, FL 33405

434 Chilean Avenue, Apt. 4B
Palm Beach, FL 33405

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:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301
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.

Corporation Service Company
By: Becky Peirce
Registered Agent's Signature (REQUIRED)

Becky Peirce
Assistant Vice President

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Andrea Schlossberg
434 Chilean Avenue, Apt. 4B
Palm Beach, FL 33405

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

William Hammond

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)