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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CORPOLICENSE, INC
Account Number : I20050000118
Phone : (305) 774-9606
Fax Number : (305) 774-9660

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

Email Address: dr bucko 2000 @ yahoo. com

FLORIDA LIMITED LIABILITY CO.
PERIEL INVESTMENTS, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
PERIEL INVESTMENTS, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

PERIEL INVESTMENTS, LLC

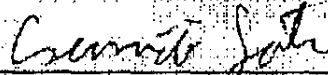
ARTICLE II - ADDRESS:

The mailing address and street address of the principle office of the Limited Liability Company is:

**125 S. State Road 7, Suite 104 # 239
Wellington, FL 33414**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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.



**Csicsodi Gabor
125 S. State Road 7, Suite 104 # 239
Wellington, FL 33414**

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ARTICLE IV - Management/Member(s):

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

<u>TITLE:</u>	<u>NAME AND ADDRESS:</u>	<u>UNITS</u>
MGRM	Kermendi Rozsa Daz Fodorova 013, 24410 Horgos, Serbia	100%
MGR	Csecsodi Gabor 125 S. State Road 7, Suite 104 # 239 Wellington, FL 33414	

Csecsodi Gabor

(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)

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