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SECRETARY OF STATE
TALLAHASSEF, FI ORIDA

J. SAULSBERRY EXAMINER JUN 11 2012

COVER LETTER

Division of Corporations	
SUBJECT: Agnes Property 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:	
Kevin Rule	
Name of Person	
Icofin USA Inc.	
Firm/Company	
112 Capitol Trail	
Address	
Newark, DE 19711	
City/state and Zip Code	Į
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Kevin Ruleat (302) 994-2000	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\bigcup \\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Li	mited 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	s:
Principal Office Address:	Mailing Address:	
112 Capitol Trail	112 Capitol Trail	
Newark, DE 19711	Newark, DE 19711	
	egistered Office, & Registered Agent's Signature:	
	own Registered Agent. You must designate an individual or another	}
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. You must designate an individual or another Soft the registered agent are:	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual or another Soft the registered agent are:	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual or another STORY	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address Bradley W. Mur 239 E. Virgi	own Registered Agent. You must designate an individual or another STORY OF	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address Bradley W. Mur 239 E. Virgi	own Registered Agent. You must designate an individual or another STARY OF	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Mark Marinzoli	
<u></u>	112 Capitol Trail	
	Newark, DE 19711	
MGRM	Shine Globe Ltd.	
<u></u>	Mahe, Mont Fleuri	
	Seychelles	
	SEC.	<u>22</u> 17
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(Use attachment if necessary)	the date of filing: (OPTIONAL)	
f an effective date is listed, the date mus	st be specific and cannot be more than five business days p	prior
f an effective date is listed, the date mus	st be specific and cannot be more than five business days p	orior
f an effective date is listed, the date mus or 90 days after the date of filing.)	st be specific and cannot be more than five business days p	orior
f an effective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business days p	orior
f an effective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a ment of a ment of the constitutes an affirmation upon the constitutes are af	mb or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)	orior
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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)