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.

(((H130000418163)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: EXPRESS CORPORATE FILING SE

Account Number : I2000000146

Phone

: (305)444-4994

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Email	Address:		

#### FLORIDA LIMITED LIABILITY CO. RHINO INDUSTRY LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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February 25, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RHINO INDUSTRY LLC 150 S.E. 2ND AVE., STE. 1110 MIAMI, FL 33131

SUBJECT: RHINO INDUSTRY LLC

REF: W13000011001

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The existing entity with a similar name is RHINO INDUSTRIES, LLC -- Document Number L10000014723.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Woh

FAX Aud. #: H13000041816 Letter Number: 513A00004443

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I

The name of the Limited Liability Company is:



### RHINO INDUSTRY USA LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

#### ARTICLE II

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

Principal Office Address: 150 SE 2<sup>ND</sup> AVE SUITE 1110 MIAMI, FL. 33131 Mailing Address: 150 SE 2<sup>ND</sup> AVE SUITE 1110 MIAMI, FL. 33131

#### 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:

## R&P ACCOUNTING & TAXES INC Name

150 S.E 2ND AVE SUITE 1110

Florida street address (P.O. Box NOT acceptable)

MIAMI, FL. 33131
FL 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

Registered Agent's Signature (REQUIRED)

#### ARTICLE IV

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

Title:

MGRM

SVETLANA MIHAJLOVIC 150 SE 2ND AVE SUITE 1110 MIAMI, FL. 33131

MGR

(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.)

SVETLANA MIHAJLOVIC
Typed or printed name of signes