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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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2013 MAY 17 AN II: 08
SECRETARY OF STATE

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	Swiss Totem, LLC	
5020	Name of Limited Liability Company	
The e	nclosed Articles of Organization and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
	Christophe KUHN	
	Name of Person	
	Swiss Totem, LLC	
	Firm/Company	
	14623 SW 144th Court	
	Address	35
	Miami, FL 33186	CAET CAET
	City/State and Zip Code	SS: 1
	Ck@swisstotem.com E-mail address: (to be used for future annual report notification)	
For fu	rther information concerning this matter, please call:	
Ch	ristophe Kuhn 786 553-9066	
	Name of Person Area Code & Daytime Telephone Number	
Enclo	sed is a check for the following amount:	
□\$125	5.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee & Certificate of Status	Status & y

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compan	y is:	
Swiss Totem, 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	he principal office of the Limited Liabili	ity Company is:
Principal Office Address:	Mailing Address:	
Swiss Totem, LLC	Swiss Totem, LLC	
14623 SW 144th Court	14623 SW 144th Court	
Miami, FL 33186	Miami, FL 33186	
The name and the Florida street address of Christophe KUHN 14623 SW 144th Court	Name	or another 13 MAY 17 AN 11:0
•	ret address (P.O. Box NOT acceptable)	40
Miami, FL 33186	FL	
Cit	ty, State, and Zip	
registered agent and agree to act in this co all statutes relating to the proper and con and accept the obligations of my position	d in this certificate, I hereby accept the ap applicity. I further agree to comply with th inflete performance of my duties, and I an	ppointment as he provisions of n familiar with

(CONTINUED)

Page 1 of 2

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

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

03.4CDU 3.4	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGR	Christophe Kuhn		
	14623 SW 144th Court		
	Miami, FL 33186		
			
(Use attachment if necessary)			
	on the date of Cities of OPTIO	NIAIN	
ICLE V: Effective date, if other than			1 0
ICLE V: Effective date, if other than effective date is listed, the date is	must be specific and cannot be more than five bus		rs
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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)