13000082673

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



800248522558

19 JUN -6 PN 4: 21

13 JUN -6 AM 9: 40

JUN 0 6 2013 D. BUTLER



ACCOUNT NO. : I2000000195

REFERENCE: 677706

7924316

AUTHORIZATION :

COST LIMIT :

\$ 160.00

ORDER DATE : June 6, 2013

ORDER TIME : 12:47 PM

ORDER NO. : 677706-035

CUSTOMER NO: 7924316

DOMESTIC FILING

NAME: COSMOS UNIQUE EXPRESS USA, LLC

EFFECTIVE DATE:

_ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ___ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company	y is:			
		***	갋	
COSMOS UNIQUE EXPRESS USA, LLC		<u></u>	Seminary of	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	married and the second	三	ي و ومعاين در
ARTICLE II - Address:		55.2	9	-
The mailing address and street address of the	ne principal office of the Limited Liab	ility-Con	1p āni y ب ې	is
Principal Office Address:	Mailing Address:	OR THE	÷ 6	I
C/O FIRST GLOBAL DATA CORP. USA	C/O FIRST GLOBAL DATA CORI	P. US		
650 S. ATLANTIC BOULEVARD	650 S. ATLANTIC BOULEVARD			
LOS ANGELES, CA, 90022	LOS ANGELES, CA, 90022			

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 Ser	vice Company
	Name .
1201 Hays Stree	et
F	lorida 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:

Registered Agent's Signature (REQUIRED)

Sue G. Knight

Assistant Vice President

(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:

		රුදු, ඊ
MGRM	FGDC USA	
· · · · · · · · · · · · · · · · · · ·	650 S. ATLANTIC BOULEVARD	
	LOS ANGELES, CA, 90022	
	***************************************	·····
	•	
(Use attachment if necessary)		
LE V: Effective date, if other than the date of filing:		(OPTIONA)

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.)

EMANUEL BETTENCOURT, FGDC USA CFO & DIRECTOR

Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)

(850) 245-6051.

Registration Section

TO:

COVER LETTER

Div	ision of C	orporations		
SUBJECT:	соѕмо	S UNIQUE EXPRESS US	A, LLC	55. 3
			ted Liability Company	
The enclosed	l Anieles o	of Organization and fee(s) are	submitted for filing.	13 JUH-6 AM 9: 40
Please return	all corres	pondence concerning this mat	ter to the following:	
Ema	nuel A. B	ettencourt		ATU.
			Name of Person	
First	Global D	ata Corp. USA		
***************************************	· · · · · · · · · · · · · · · · · · ·		Firm/Company	and the second s
650 5	S. Atlantic	Boulevard		
 			Address	
Los A	Angeles, (CA, 90022		
		Ci	ty/State and Zip Code	
mbet	tencourt@)firstglobaldata.com		
		E-mail address: (to be used	for future annual report notification)	
For further in	iformation	concerning this matter, please	call:	
E.A. Betten	court		416 504-3813 ext	
Name of Person		of Person	at () Area Code & Daytime Telep	hone Number
Enclosed is	a check f	or the following amount:		
□\$125.00 Filing Fee	ling Fee	□S130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & San 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 C		

Tallahassee, FL 32301