Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : A.A.ALI, CPA Account Number : I20000000192 Phone : (407)298-3900

Fax Number : (407)298-0660

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

FLORIDA LIMITED LIABILITY CO.

FIVE MOON USA 2, LLC.

Certificate of Status	1
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'UUL' 5 2013

T. HAMPTON

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FIVE MOON USA 2, LLC

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

ARTICLE II - Address:

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

122 EAST NOBLE AVE. BUSHNELL, FL 33513

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:

MD HOSSAIN 122 EAST NOBLE AVE. BUSHNELL, FL 33513

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..

MID HOSSAIN/ Registered Agent's Signature

SECRETARY OF STATE DIVISION OF CORPORATIONS

Fax: +1 (407) 268-6561 113

To: DIVISION OF CORPOR Fax: +1 (860) 617-6383 (((円13000150818 コル)

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

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

"MGR" = Manager
"MGRM" = Managing Member

MOHAMMED A. KADER -

PRESIDENT

122 EAST NOBLE AVE. BUSHNELL, FL 33513

MD HOSSAIN

VICE PRESIDENT

122 EAST NOBLE AVE. BUSHNELL, FL 33513

ARTICLE V: Effective date, if other than the date of filing: 7/3/2013 (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.)

MD HOSSAIN

Typed or printed name of signee

SECRETARY OF STATE
DIVISION OF CORPORATION

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