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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED JUL 22 AM 9:5 (850) 245-6051.

| COVER LETTER |
|--|
| TO: Registration Section Division of Corporations |
| SUBJECT: Sikorski Global 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: |
| Barry M. Sikorski Name of Person |
| Sikorski Global, LLC |
| 267 Jacaranda Drive |
| Address |
| Plantation, FL 33324 City/State and Zip Code |
| E-mail address: (to be used for future annual report) notification) |
| For further information concerning this matter, please call: |
| Barry Sikorski at (954) 258-1643 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \times Certificate of Status \times Certified Copy (additional copy is enclosed) \$160.00 Filing Fee. 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is: |
|---|
| (Must end with the words "Limited Liability Company, "L.L.C.," or "I.I.C.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| Principal Office Address: Mailing Address: |
| 267 Jacaranda Dr. same Plantation, FL |
| 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: |
| Borry M. Sikorski |
| 267 Jacavava Drive Florida street address (P.O. Box NOT acceptable) |
| 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) ASS 13 ASS 22 CONTINUED) |
| (CONTINUED) |
| Page 1 of 2 |

| ARTICLE IV- Manager(s) or Man The name and address of each Manager | naging Member(s): ger or Managing Member is as follows: |
|---|--|
| Title: "MGR" = Manager | Name and Address: |
| "MGRM" = Managing Member | Barry Sikorski 267 Jacaran Drive Plantation, FL 33324 |
| mgR_ | Julie A. Sikorski 267 Jacaranda Drive Plantation, FL 33324 |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| | e date of filing: (OPTIONAL) st be specific and cannot be more than five business days |
| REQUIRED SIGNATURE: | |
| Signature of a member | er or an authorized representative of a member |
| (In accordance with section 60) constitutes an affirmation unde I am aware that any false inforconstitutes a third degree felon | 8.408(3), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.) |
| TY Y T | M. Sikorski / Julie A. Sikorsk |
| 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)