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(((H13000249753 3)))



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To;

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BROAD AND CASSEL (BOCA RATON)

Account Number : 076376001555 : (561)483-7000 Phone

: (561)483-7321 Fax Number

Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

thomas.olofsson@me.com

FLORIDA LIMITED LIABILITY CO. Samadhi Ventures GP, LLC

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Help

03

Fax Audit Number: H13000249753

ARTICLES OF ORGANIZATION

OF

SAMADHI VENTURES GP, LLC

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida,

ARTICLE I

The name of this limited liability company shall be: SAMADHI VENTURES GP, LLC.

ARTICLE II

The mailing address and street address of the principal office of the limited liability company shall be 6195 North Ocean Boulevard, Ocean Ridge, FL 33435, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

ARTICLE III

The initial registered office of this limited liability company is 6195 North Boulevard, Ocean Ridge, FL 33435. The initial registered agent at that address is Thomas Olofsson.

ARTICLE IV

This limited liability company shall be a manager-managed company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 11 day of November, 2013.

THOMAS OLOFSSON, Manager

Fax Audit Number: H1 3000249753 3 4815-0818-5874.1

Fax Audit No. <u>H13000249753 3</u>

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the limited liability company referenced below submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST -- The name of the limited liability company is SAMADHI VENTURES GP, LLC.

SECOND -- The name and address of the registered agent and office is:

THOMAS OLOFSSON 6195 North Ocean Boulevard Ocean Ridge, FL 33435

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.

Dated this 14 day of November , 2013.

THOMAS OLOFSSON, Registered Agent

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