Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000040555 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019

Phone

: (305)552-5973

Fax Number

: (305)220-1440

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. ALBE USA L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

2/19/2014 10:34:42 AM PAGE

1/001

Fax Server



February 19, 2014

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: ALBE USA, L.L.C.

REF: W14000010739

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document; along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II FAX Aud. #: H14000038551 Letter Number: 214A00003693

RECEIVED
14 FEB 20 PH 4: 35
SECTION OF STATE
ALLAMASSIE, PLORINA

2/20/2014 10:50:37 AM PAGE

1/001

Fax Server



February 20, 2014

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: ALBE USA, L.L.C.

REF: W14000010739

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

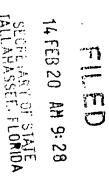
If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II FAX Aud. #: H14000040555 Letter Number: 314A00003834



H14000040555

ARTICLES OF ORGANIZATION OF ALBE USA, L.L.C.



The undersigned, as a member or an authorized representative of a member of the Company pursuant to Chapter 605, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company named: ALBE USA, L.L.C.

ARTICLE I. NAME

The name of the Limited Liability Company shall be ALBE USA, L.L.C.

ARTICLE II. ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company shall be: 18021 Biscayne Blvd. # 303-2, AVENTURA, FL. 33160.

H14000040555

ARTICLE III.

The period of duration for the Limited Company shall be perpetual.

ARTICLE IV. PURPOSE OF ORGANIZATION

The Limited Liability Company is organized for the purpose of engaging in any and all other acts or purposes permitted under Section 605 of the Florida Statutes 1993, as amended from time to time, and for any and all other applicable or governing laws of the State Of Florida, except as any of the foregoing acts and/or purposes may be otherwise barred or restricted by laws.

ARTICLE V. MANAGEMENT

This Limited Liability Company shall be managed by one Manager and the name and address of the Manager is:

SANFORD CO., LTD at 18021 Biscayne Blvd. # 303-2, AVENTURA, FL. 33160.

H14000040555 ARTICLE VI. ADMISSION OF NEW MEMBERS

Unless otherwise herein specified, no new Members shall be admitted to the Limited Liability Company during the period of its existence. New Members may be admitted pursuant to a vote of not less than 100% of the total existing ownership interest each Member has in the Limited Liability Company. No individual Member and/or managing Member of the Limited Liability Company shall ever have the power to terminate or grant membership to any person.

ARTICLE VII. CONTINUATION AFTER INVOLUNTARY TERMINATION

In the event of termination of the Limited Company due to death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or any other event which involuntarily terminates the Limited Liability Company, then in that event, the remaining and/or surviving Members shall be fully entitled to continue the business of the Limited Liability Company provided that 100% of the ownership interest then remaining shall have to do so in writing.

SANFORD CO., LTD MANAGER

H14000040555

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 605 Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Limited Liability Company is:

ALBE USA, L.L.C. 18021 Biscayne Blvd. # 303-2, AVENTURA, FL. 33160.

2. The name and address of the registered agent and office is:

DANIEL DUBIN P.A. Name

18021 Biscayne Blvd. # 303-2, (P.O. Box or Mail Drop NOT acceptable)

AVENTURA, FL. 33160.

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation 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.

SIGNATURE

Daniel Dubia

DATE 02/13/2014

DANIEL DUBIN, P.A.