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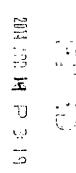
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B. BOSTICK APR 14 2014 EXAMINER

COVER LETTER

	on Section f Corporations		
SUBJECT:	Peropics US LI Name of Limited Liabili	ity Company	
The enclosed Artic	les of Organization and fee(s) are submitted	for filing.	
Please return all co	rrespondence concerning this matter to the t	following:	
	Daviel Neal Bl Name of	lum berg	
	Firm/Co	mpany	- -
	Aeropics US Lo Firm/Con 3705 NW 53rd Te Address	rrace	
	Addre	ess	
(Sainesville, FL 3	2606	_
	City/State and	d Zip Code	_
	drblumbergegnail.co	M	21
	E-mail address: (to be used for future	annual report notification)	E li
For further informa	tion concerning this matter, please call:	; ;	
Pariel	Blumberg at 352	2606 d Zip Code annual report notification)	1 0
ľ	arne of reison Area Code	:	w C
Enclosed is a check	for the following amount:		20
# \$125.00 Filing Fe	e S130.00 Filing Fee & S155.00 F Certificate of Status Certified C	filing Fee & 🔲 \$160.00 Filing Fee,	
Ā £ T	Mailing Address Registration Section Division of Corporations O. Box 6327 Fallahassee, 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 I - Name: The name of the Limited Liability Company is:			
Aeropics US LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	1		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: Mailing Address:			
Pariel Blumber, Pariel Blumberg 3709 NW 53rd Tappace 3705 NW 53rd Terras Gainesville, FL 32606 Gainesville, FL 32606	<u>e</u>		
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 another business entity with an active Florida registration.)	ı individ	ual or	
The name and the Florida street address of the registered agent are:			
Daniel Blumberg Name 3705 NW 53 rd Terrace Florida street address (P.O. Box NOT acceptable)			
Name			
3705 NW 53rd TeNace			
Florida street address (P.O. Box NOT acceptable)			
<u>Gainesville</u> FL 3260G			
City Zip			
Having been named as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered agent and capacity. I further agree to comply with the provisions of all statutes relating to the proper and comply of my duties, and I am familiar with and accept the obligations of my position as registered agent Chapter 605, F.S Registered Agent's Signature (REQUIRED)	agree to mplete j	o act in i perform vided fo	this iance
	٠,	2014	
(CONTINUED)	-		3
Page 1 of 2	,		
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Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	1 1 1
AMBR	Sirikul Blumberg
	3705 NW 53 M TENPACC
	<u>Ga, wesv, tie, P7_32 60 4</u>
<u>AMBR</u>	Daviel Blumberg
	3705 NW 53rd Terrace
0.0	Gainesville, FL 37 levy
AMBR	Randy Lander
	5200 NW 43N St #102-167
	Gainesville, Fl 32606
AMBR	James Lander
	5500 NM 73N C+ #101-161
	Gainesulle FL 32606
ective date is listed, the date must	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
ective date is listed, the date must of filing.)	ne date of filing:
ective date is listed, the date must of filing.)	ne date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90
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fective date is listed, the date must of filing.)	ne date of filing:
fective date is listed, the date must of filing.) LE VI: Other provisions, if any.	the date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 90 Ameel Blumbles
fective date is listed, the date must e of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature o	the specific and cannot be more than five business days prior to or 90 anch Elumbly If a member or an authorized representative of a member.
ffective date is listed, the date must e of filing.) ELE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature o (In accordance with section 6)	the specific and cannot be more than five business days prior to or 90 Anell Elumbly of a member or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document
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REQUIRED SIGNATURE: Signature o (In accordance with section 6 aware that any false information su	the specific and cannot be more than five business days prior to or 90 Amel Elumbly of a member or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. ibmitted in a document to the Department of State
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REQUIRED SIGNATURE: Signature of titutes an affirmation under the pentaware that any false information sustitutes a third degree felony as provided Registered Agent Certified Copy (Optional)	Typed or printed name of signee Taked Blumbly If a member or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. Ibmitted in a document to the Department of State wided for in s.817.155, F.S.) Daviel Blumberg Typed or printed name of signee