

From:

10/20/2014 13:47

#079 P.001/003

Division of Corporations

Page 1 of 1

**L14000163677**

**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.**

((H14000245111 3)))



H140002451113ABCT

**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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

RECEIVED

14 OCT 20 PM 12:00

DIVISION OF CORPORATIONS  
BUREAU OF CORPORATE  
INFORMATION SERVICES

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

Email Address: \_\_\_\_\_

STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2014 OCT 20 AM 9:31

FILED

**FLORIDA LIMITED LIABILITY CO.  
Blossom Capital Investments LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

OCT. 21 2014  
D. BRUCE

From:

10/20/2014 13:51

#079 P.002/003

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blossom Capital Investments LLC

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

ARTICLE II - Address:

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

Principal Office Address:

c/o Heidner Law Firm, P.C.  
500 Fifth Ave. Suite 1810  
New York, NY 10110

Mailing Address:

c/o Heidner Law Firm, P.C.  
500 Fifth Ave. Suite 1810  
New York, NY 10110

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:

BlumbergExcelsior Corporate Services Inc.  
Name

155 Office Plaza Drive, 1st Floor  
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301  
City Zip

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company 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 605, F.S.

Asst. Secretary Jose Mojica

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2014 OCT 20 AM 9:31  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

From:

10/20/2014 13:51

#079 P.003/003

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Sprouting Capital Ltd.

R.G. Hodge Plaza, Second Floor

Road Town, Tortola, British Virgin Islands

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Camillo Andrés Méndez Chong, acting on behalf of  
Diversity Inc., Sole Director

Typed or printed name of signee

**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)

DEPT OF STATE  
TALLAHASSEE FLORIDA

2014 OCT 20 AM 9:31

FILED