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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0C0000023 Phone : (850)205-8842

Fax Number

: (850)878-5368

\*\*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. Ozum Holdings LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

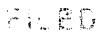
Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Ozum Holdings LLC		
3000		Limited Liabil	ity Company
The enc	losed Articles of Organization and fee(s	s) are submitted	for filing.
Please r	cturn all correspondence concerning thi	s matter to the	following:
	Jessica Valenzuela		
		Name of	Person
	TMF USA Inc.		
		Firm/Co	empany
	1221 Brickell Avenue Suite 1200		
		Add	cus
	Miami, FL 33130		
	jessica, valenzuela@tml-group.com	City/State ar	d Zip Code
		used for future	amual report notification)
For furth	er information concerning this matter, p	lease call:	
	Jessica Valenzuela	305	377-1200
	Name of Person	Area Code	Daytime Telephone Number
Enclose	d is a check for the following amount:		
\$125.00	Filing Fee S130.00 Filing Fee Certificate of Status	s l⇔lCeni(	00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



			15 AUG 21	AM 8: 0!
ARTICLESOF	ORGANIZATION FO	OR FLORIDA LIMITED L'ABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability	Company is:		されたがいます。 はなる情々に注明	
Ozum Holdings LLC (Must end w	ith the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:		al office of the Limited Liability Company is:		
<u>Principal</u>	Office Address:	Mailing Ad	dress:	
1221 Brickell Avenue	Suite 1200	1221 Brickell Avenue Suite	e 1200	
Miami, FL 33131		Miami, FL 33131		
	CT Corporation :	Name		
		tress (P.O. Box NOT acceptable)		
	Plantation.	Florida 33324		
	City	State Zip		
place designated in this certificate, I further agree to comply with the pro	hereby accept the a visions of all stanna gations of my positi	ervice of process for the above stated limited lin appointment as registered agent and agree to a as relating to the proper and complete performs on as registered agent as provided for in Chap C T Corporation System	ct in this capacity. unce of my duties, a ter 605, F.S	i nd i
	By: Re	Conia Buya_ (O	rina Engan Tani Fartin	11
			\$ 136 JORGEN 251	all V
		(CONTINUED)		
		Page L of 2		

8/21/2015 9:33:04 AM From: To: 8506176381( 4/4 )

MBR" = Authorized Member fGR" = Manager	Name and Address:
GR	Michael Wheaton
	P.O. Box 31661, 2nd Floor, Windward III, Regatta Office Park
	85 Peninsula Ave, Grand Cayman, KY1-1207 Cayman Islands
se attachment if necessary)	
iling.) a date inserted in this block do at's effective date on the Dep VI: Other provisions, if any.	oes not meet the applicable statutory filing requirements, this date will not be partment of State's records.
EOUIRED SIGNATURE:	
ordinal ordinal dre:	
Signature This document I am aware that	to of a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree fellony as provided for in a.817.155, F.S.
Signature This document I am aware that constitutes a thir	is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  any false information submitted in a document to the Department of State
	of a manhan on an authoritist and and addition

Page 2 of 2