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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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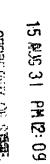
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: The Point ELC Group, LLC Name of Limited Liability Company |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Chunxia Sun |
| Name of Person |
| |
| Firm/Company |
| 4312 Preserve Lane, Tallahassee |
| - |
| City/State and Zip Code |
| City/State and Zip Code Chunxia 222 @ 126. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call; |
| Bing Xu at (850) 294-6959 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) |
| Mailing Address Street Address |

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing 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: | |
|---|------------------|
| The Point ESC Gramma (Must end with the words "Limited Liability Comp | pup, LLC |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Lim | |
| Principal Office Address: | Mailing Address: |

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

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

| | | Bing Xu | | | |
|--------------|------|------------------------|-----|-----|-----|
| | | Name | | | ~ |
| 215 | _S | Monroe | St, | STE | 303 |
| Florida stre | | s (P.O. Box <u>NOT</u> | | | _ |
| Ta | Haho | isser Fl | 32 | 301 | |
| | ity | State | | Zip | _ |

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 as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| <u>Title:</u> "AMBR" = | Authorized Member | | Name and Address: |
|---|--|---|---|
| "MGR" = M _ MG K | | | Henan Guanying Cultural d 19 Wenyan Road, Yizhong Garden 1 Xin xiang, Henan Province, |
| | | 64 | 99 Wenyan Road Yizhone Gooden 1 |
| | | | Xiaxiang Henon Province |
| | | | , , , , , , , , , , , , , , , , , , , |
| MGR | | | Chunxia Sun |
| | | | 4312 Preserve Lane, Fallahassee, FL 32317 |
| | | | |
| | | | |
| CLEV: Effecti | nent if necessary) ve date, if other than to listed, the date mus | ne date of filin | ng: (OPTIONAL) and cannot be more than five business days prior to or 90 d |
| CLE V: Effective date is the of filing.) If the date insecument's effective transcription of the date in the date | ve date, if other than to listed, the date mus | t be specific a | and cannot be more than five business days prior to or 90 december and can be more than five business days prior to or 90 decembers. |
| CLE V: Effective date in the date insecument's effective date. | ve date, if other than to listed, the date must erted in this block do live date on the Depa | t be specific a | and cannot be more than five business days prior to or 90 december and can be more than five business days prior to or 90 decembers. |
| CLE V: Effective date in the date insecument's effective date. | ve date, if other than to listed, the date must erted in this block do live date on the Depa provisions, if any. | t be specific a | and cannot be more than five business days prior to or 90 december and can be more than five business days prior to or 90 decembers. |
| CLE V: Effective date in the date insecument's effective date. | ve date, if other than to listed, the date must reted in this block do live date on the Depa provisions, if any. 2 SIGNATURE: Signature This document is I am aware that a | of a member of executed in any false informed degree felony | or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S. |
| CLE V: Effective date in the date insecument's effective date. | ve date, if other than to listed, the date must reted in this block do live date on the Depa provisions, if any. 2 SIGNATURE: Signature This document is I am aware that a | of a member executed in a sy false inform degree felony | or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State |
| CLE V: Effective date in the date insecument's effective date. | ve date, if other than to listed, the date must reted in this block do live date on the Depa provisions, if any. 2 SIGNATURE: Signature This document is I am aware that a | of a member executed in a sy false inform degree felony | or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S. |

ARTICLE IV-

Page 2 of 2