

L16000137652

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20080000045
Phone : (302)645-7400
Fax Number : (302)645-1280

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

Email Address: filings@delawareinc.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUL 18 PM 1:55

APPROVAL
AND
FILED

2016 JUL 22 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Distena USA LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

JUL 25 2016
A. DUNLAP

Hello,

In checking today on this filing today via a phone conversation with your filings area it appears the fax was not received. I have provided our confirmation that shows it went through correctly. Can you please honor the 18th filing date and proceed with the filing. Our client urgently needs the approval of the company.

We appreciate your help in this matter.

Kim Robbins
Corporate Filing Specialist

Harvard Business Services, Inc.
16192 Coastal Highway
Lewes, DE 19958
1-800-345-2677 customer service
302-645-7400 ext. 6910
302-645-1280 fax
Filings@delawareinc.com
www.delawareinc.com

Fax Send Report

Date & Time : JUL-18-2016 03:08PM MON
 Fax Number :
 Fax Name :
 Model Name : WorkCentre 3220

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Florida Department of State
 Division of Corporations
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HR00112016003

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To: Division of Corporations
 Fax Number : (888)327-0381

From: Account Name : HARVARD BUSINESS SERVICES, INC.
 Account Number : 32000000000000000000
 Phone : (862)340-2500
 Fax Number : (862)340-1200

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
 Email Address: flhs@delawareinc.com

FLORIDA LIMITED LIABILITY CO.
 (Delaware USA LLC)

Number of Shares	0
Electronic Copy	1
Payment	05
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850-245-6032
 E1-38

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Distecna USA 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:

Mailing Address:

Pareraweg 45, Willemstad
Curacao

1 Floor, RMZ Titanium, 135
Old Airport Road, 560 017,
Bangalore, India

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:

Registered Agents Inc

Name

3030 N. Rocky Point Dr, STE 150A

Florida street address (P.O. Box **NOT** acceptable)

Tampa, Florida 33607

City

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

STATE OF FLORIDA
DIVISION OF CORPORATE REGISTRY

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:

Stichting LLC Management
Pareraweg 45, Willemstad,
Curacao

STATE OF FLORIDA
DEPARTMENT OF STATE

16 JUL 18 PM 1:55

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AND
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(Use attachment if necessary)

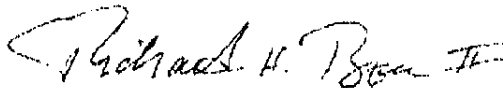
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Richard H. Bell, Organizer

Typed or printed name of signer

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)

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