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Division of Corporations

Florida Department of State
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA LIMITED LIABILITY CO.
AKQUASUN AXIS HOLIDAYS LLC

Certificate of Status	1
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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

AKQUASUN AXIS HOLIDAYS LLC

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

ARTICLE II - Address:

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

**352 BALOGH PLACE
LONGWOOD, FL 32750**

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:

**JAISON PAUL
352 BALOGH PLACE
LONGWOOD, FL 32750**

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..



JAISON PAUL/ Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager

"MGRM" = Managing Member

**JAISON PAUL - AMBR
352 BALOGH PLACE
LONGWOOD, FL 32750**

**AKQUASUN HOLIDAYS INDIA PVT LTD. - AMBR
352 BALOGH PLACE
LONGWOOD, FL 32750**

**VIDYA VARGHESE - MGR
352 BALOGH PLACE
LONGWOOD, FL 32750**

**BASHEER ABDUL RAHIM -MGR
352 BALOGH PLACE
LONGWOOD, FL 32750**

**SUJIT RAMACHANDRAN NAIR - MGR
352 BALOGH PLACE
LONGWOOD, FL 32750**

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ARTICLE V: Effective date, if other than the date of filing: 8/11/2016 (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.)

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.)

JAISON PAUL

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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