

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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FLORIDA LIMITED LIABILITY CO. **HYSTOMAT LLC**

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Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

HYSTOMAT LLC

ARTICLE II ADDRESS

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

459 BLUE ROAD

CORAL GABLES, FLORIDA 33146

ARTICLE III REGISTERED AGENT

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

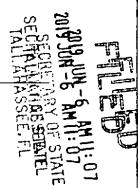
ROBERT SINDIJA

459 BLUE ROAD

CORAL GABLES, FLORIDA 33146

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.

X /s/ Robert Sindija
ROBERT SINDIJA / Registered Agent's signature



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ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
ROBERT SINDIJA
459 BLUE ROAD
CORAL GABLES, FLORIDA 33146

AUTHORIZED MEMBER
DRAGOSLAV SCEPANOVIC
459 BLUE ROAD
CORAL GABLES, FLORIDA 33146

X /s/ Robert Sindija

ROBERT SINDIJA / Authorized Representative's signature

(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.)