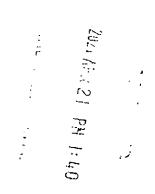
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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer





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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: BTG S.A. Holdings 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:	
Bruce Thaw	
Name of Person	
Firm/Company	
45 Banfi Plaza	
Address	
Farmingdale, NY 11735	
City/State and Zip Code brt@bulbtronics.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Bruce Thaw at (631) 752-1760	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□S125.00 Filing Fee □S130.00 Filing Fee & □S155.00 Filing Fee & □S160.00 Filing Fee & □	Status & Y
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303	

Section 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BTG S.A. Holdings LLC (Must contain the words "Limited Liability Co	omanu "1 1 C " or "11 C ")
(whist contain the words. Emilied Liability Co	ompany, m.c.e., or ecc.)
RTICLE II - Address:	
ne mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
45 Banfi Plaza	
Farmingdale, NY 11735	
RTICLE III - Registered Agent, Registered Office, & Register he Limited Liability Company cannot serve as its own Registered	
he Emilied Elabines Company cannot serve as its own registered	i Agent. Tou must designate an marridual of

Name 3458 Lakeshore Drive Florida street address (P.O. Box NOT acceptable) Tallahassee 32312 FLCity 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. Thereby 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.,

Michael A. Barr

Registered Agent's Signature (REQUIRED)

Michael A. Barr, President

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Manager AMBR Bruce R. Traw 270 Bay Drive Massaboque, NY 11758 AMBR AM	Title:	Name and Address:	
AMBR Bruce R. Thaw ZPO Bay Dove Messasorogue, NY 11758 AMBR John Dahdouh 4948 SW 195th Terrace Maramar, FL 33029 (Use attachment if necessary) XTICLE V: Effective date, if other than the date of filing:	"AMBR" = Authorize	d Member	
AMBR John Dahdouh 4946 SW 1950s Terrace Miramar, FL 33029 TICLE V: Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days afted ate of filing.) the lift the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date in the Department of State's records. TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: // S/ Bruce Thaw Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.020 (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. Bruce Thaw Typed or printed name of signee	"MGR" = Manager		
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		Filing Fees:	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)