Division of Corporations
Electronic Filing Cover Sheet

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	Division of Corporations	175 - 171	2017	
	Fax Number : (850)617-6381	#S		
From:		त्यः । स्त्री विकास	AUG	4
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Marine Olivery
	Account Number : I20000000019	5.00	7	
	Phone : (305)552-5973	<u> </u>	300	
	Fax Number : (305)675-5944	m_{co}	3	3 8 8
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FLORIDA LIMITED LIABILITY CO. INTERSALES USA LLC

Certificate of Status	1	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$130.00	

Email Address:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
THE name of the Transfer	
The name of the Limited Liability Company is	·
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Intersales US	Alla
AKIMITTY	
The mailing address:	
Company is:	Uincipal off
The mailing address and street address of the property is:	American office of the Limited Liability
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u coral Way	Vuite 404 m
Miami flaid	Daile 104 (1)
1 1001 92	33145
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	j • • • • • • • • • • • • • • • • •
ARTICLE III - Registered Agent, Registered Office	
The name and the Florida street address of the recompany cannot serve as its own Registered Agent. You must designate with an active Florida registration.)	
with an arrhy Flaville as its own Registered Agent You must desire	egistered agent are: The Limited Liability
Company cannot serve as its own Registered Agent. You must designate with an active Florida registration.)	an individual or another business entity
S 1 11	• • • • • • • • • • • • • • • • • • • •
Seyed M. Moo	han
May Way	Suite 404
ARTICLE IV	3145
ARTICLE IV	3145
ARTICLE IV	3145
ARTICLE IV The name and title of each person authorized to m Liability Company: (MGR or AMBR)	nanage and control the Limited
ARTICLE IV The name and title of each person authorized to m Liability Company: (MGR or AMBR)	nanage and control the Limited
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ARTICLE IV The name and title of each person authorized to m Liability Company: (MGR or AMBR)	nanage and control the Limited Yaves Aravenia (MGR)

Required Signatures:

Signature of a member swan 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 berein 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.

Typed or printed name of signee

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)