

**W2000020674**  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : KOUTOULAS & RELIS, LLC  
Account Number : I200700000005  
Phone : (954)332-1345  
Fax Number : (954)332-1346

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

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**FLORIDA LIMITED LIABILITY CO.  
MSRE USA LLC**

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

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**ARTICLES OF ORGANIZATION  
OF  
MSRE USA LLC**

The undersigned, acting as organizer of MSRE USA LLC, a company organized and created pursuant to Chapter 605, Florida Statutes hereby adopt the following Articles of Organization for said Florida limited liability Company:

**ARTICLE I.**

The name of the limited liability company shall be:

MSRE USA LLC

**ARTICLE II.**

The mailing and street address of the principal office of the limited liability company is:

1776 N Pine Island Road Suite 316  
Plantation FL 33322

**ARTICLE III.**

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

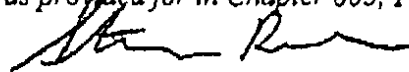
Koutoulas & Relis LLC  
1776 N Pine Island Road Suite 316  
Plantation, FL 33322

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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.*



Steven L Relis of Koutoulas & Relis LLC-Registered Agent

**Prepared by:  
Koutoulas & Relis, LLC  
1776 N Pine Island Road. Suite 316  
Plantation, FL 33322  
Phone: (954) 332-1345  
Fax: (954) 332-1346**

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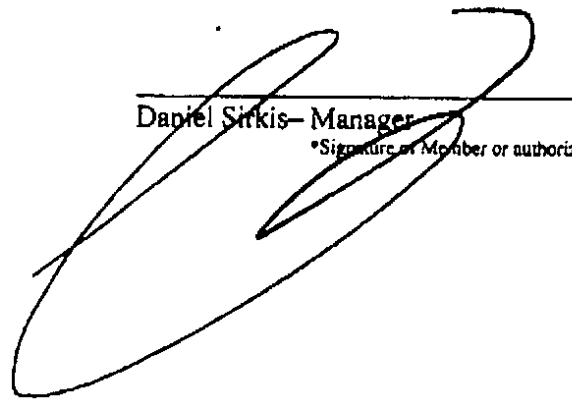
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**ARTICLE IV.**

This limited liability company is to be managed by one manager. The name and address of the Managing Member is as follows:

Daniel Sirkis – Manager  
75-25 153<sup>rd</sup> Street Apt 637  
Queens, NY 11367

*In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties or 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.*

  
\_\_\_\_\_  
Daniel Sirkis – Manager

\*Signature of Member or authorized representative of a member

SECRETARY OF STATE  
TAMARA S. STEVENS  
OFFICE

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Prepared by:  
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