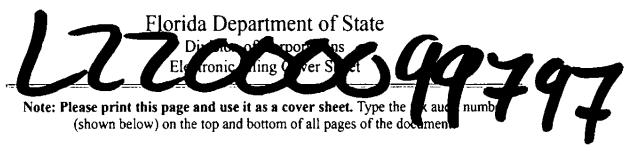
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Division of Corporations



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Account Number : 104662003400 : (516)935-3940

Fax Number : (516)935-3088

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Email Address: KLWIN@BLUEOCEANNYC.COM

FLORIDA LIMITED LIABILITY CO. **DEFI CAPITAL PARTNERS LLC**

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ARTICLES OF ORGANIZATION FOR IT ORIDA LIMITED LIARILITY COMPANY

DEFI CAPIT	AL PARTNERS LLC
(Must end with the word	s "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
******************	20515 E. COUNTRY CLUB DR, STE PH47
20515 E. COUNTRY CLUB DR, STE PH47	20313 E. COUNTRY CLOB DR, STE FFAT
MIAMI, FL 33180 ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve	MIAMI, FL 33180 ed Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an indiv
20515 E. COUNTRY CLUB DR, STE PH47 MIAMI, FL 33180 ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the	ed Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an indivergistration.)
MIAMI, FL 33180 ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida	MIAMI, FL 33180 ed Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an indivergistration.) registered agent are:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the	MIAMI, FL 33180 ed Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an indivergistration.) registered agent are:
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the JOHN PARSIAN	MIAMI, FL 33180 ed Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an indivergistration.) registered agent are:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the JOHN PARSIAN 20515 E. COUN	MIAMI, FL 33180 ed Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an indivergistration.) registered agent are: Name
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the JOHN PARSIAN 20515 E. COUN	MIAMI, FL 33180 ed Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an indivergistration.) registered agent are: Name TRY CLUB DR, STE PH47

ny at 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) JOHN PARSIANI

(CONTINUED)

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H22000091770

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	KHANT PHYO LWIN
	5 MASON STREET
	NEW HYDE PARK, NY 11040
AMBR	KENNY LAM
	7619 270TH STREET
	NEW HYDE PARK, NY 11040
AMBR	KICHAN LEE
	3 W 75TH STREET, APT 1A
	NEW YORK, NY 10023
AMBR	JOHN PARSIANI
	20515 E. COUNTRY CLUB DR, STE PH47
	20010 C. OCCIVITATION OF DIVIDITAL
(Use attachment if necessary) EV: Effective date, if other than the	MIAMI, FL 33180 e date of filing:
LE V: Effective date, if other than the	MIAMI, FL 33180 e date of filing:
LE V: Effective date, if other than the fective date is listed, the date must	MIAMI, FL 33180
LE V: Effective date, if other than the fective date is listed, the date must of filing.)	MIAMI, FL 33180 e date of filing:
LE V: Effective date, if other than the fective date is listed, the date must of filing.)	MIAMI, FL 33180 e date of filing:
LE V: Effective date, if other than the fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	MIAMI, FL 33180 e date of filing:
LE V: Effective date, if other than the fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmal am aware that any file.)	MIAMI, FL 33180 e date of filing:
LE V: Effective date, if other than the fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmal am aware that any file.)	MIAMI, FL 33180 e date of filing:

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