## L23000037214

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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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## COVER LETTER

|             | New Filing Sec<br>Division of Cor     |                                      |                       |  |  |  |
|-------------|---------------------------------------|--------------------------------------|-----------------------|--|--|--|
| SUBJEC      | Budapest, l                           |                                      |                       |  |  |  |
| GOIAFEC     | · ·                                   | Nan                                  | ne of Limited L       | iability Company   |  | ·····  |
| The encio   | sed Articles of                       | Organization and                     | fee(s) are subn       | nitted for filing.   |  |  |
| Please ret  | urn all correspo                      | ondence concernin                    | g this matter to      | the following:   |  |  |
|             | Sandra Z. G                           | reen                                 |                       |  |  |  |
|             |                                       |                                      | Nat                   | ne of Person   |  |  |
|             | JONATHAN                              | NH. GREEN & A                        | SSOCIATES,            | P.A.   |  |  |
|             | · · · · · · · · · · · · · · · · · · · |                                      | Fir                   | m/Company  | ······································ | -  |
|             | 901 Ponce d                           | e Leon Boulevard                     | , Suite 601           |  |  |  |
|             |                                       |                                      |                       | Address  |  |  |
|             | Coral Gable                           | s, Florida 33134                     |                       |  |  |  |
|             |                                       |                                      | City/St               | nte and Zip Code   |  |  |
|             | !                                     | E-mail address: (to                  | be used for fu        | ture annual report n   | otification)                           | )  |
| For further | information co                        | ncerning this matt                   | er, please call:      |  |  |  |
|             | Sandra Z. Gr                          | reen                                 | 305<br>at (           | 372-5100   |  |  |
|             | Nam                                   | ne of Person                         | Area Co               | ode Daytime To   | elephone N                             | lumber   |
| Enclosed    | is a check for t                      | he following amou                    | ınt:                  |  |  |  |
|             | 00 Filing Fee                         | □\$130.00 Filir<br>Certificate of S  | ig Fee & [<br>tatus ( | □\$155.00 Filing Fe<br>Certified Copy<br>ditional copy is encl | losed)                                 | □\$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>additional copy is enclosed) |
|             |                                       | ng Address                           |                       | Street Addre   |  | sion   |
|             | Divisi                                | filing Section<br>on of Corporations | 3                     | The Centre of  | f Tallahass                            | ee   |
|             |                                       | Box 6327<br>passee, FL 32314         |                       | 2415 N. Mon<br>Tallahassec, l                                  |  | Suite 810  |

| TALLAHASSEE, FL 32309<br>(850) 524-5437<br>(850) 524-6243               |   |
|---|---|
| PLEASE USE FUNDS FROM<br>AUTHORIZATION SIGNAT                           | THIS ACCOUNT; 120210000160 AMOUNT: \$125.00 URE:  |
| Budapest, LLC   |   |
| Business Name   | Document Number, (if known):  |
| Walk in   | Pick up time  |
| Mail out  | Will wait Photocopy   |
| Certified Copy of ArticleCertificate of Status                          | s of Organization   |
| NEW FILINGS   | <u>AMMENDMENTS</u>  |
| Profit Not for Profit X Limited Liability Domestication Other CORP PLLC | AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentRevocation of DissolutionMergerConversionAmended and restated ArticlesStatement of Authority |
| OTHER FILINGS   | REGISTERATION/QUALIFICATIONS  |
| Annual Report   | Foreign filingLimited PartnershipReinstatement  |
| 1 APOSTIL(1) Puerto Rico Country  | Other   |
|   |   |

2330 CLARE DRIVE

EXAMINIER'S INITIALS:\_\_\_\_

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Budap            | est, LLC (Must contain the words "Limited Liabi | lity Company, "L.L.C.," or "LLC.")   |
|------------------|---|--------------------------------------|
|                  | `   |                                      |
| RTICLE II - A    |   | - Saha Limited Lightitas Company is: |
| he mailing addre | ess and street address of the principal office  | of the Cimited Diability Company is. |
|                  | Principal Office Address:                       | Mailing Address:                     |
| 282 N            | E 191 STREET, SUITE 31904                       | 282 NE 191 STREET, SUITE 31904       |
|                  | 4I, FL 33179-3899                               | MIAMI, FL 33179-3899                 |

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

JONATHAN H. GREEN & ASSOCIATES, P.A.

Name

901 Ponce de Leon Boulevard, Suite 601

Florida street address (P.O. Box NOT acceptable)

Coral GablesFlorida33134CityStateZip

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)

(CONTINUED)

## ARTICLE IV-

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

| "AMBR" = Authorized M  | Name and Address:   |
|--|---|
|  | lember  |
| "MGR" = Manager  |   |
| MGR  | AEGIS HOLDINGS, LLC 228 PARK AVENUE S., SUITE 31094   |
|  | NEW YORK, NY 10003-1502   |
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| an effective date is listed, the dedate of filing.)  ote: If the date inserted in this be document's effective date on t | ner than the date of filing: (OPTIONAL)  Intermust be specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be listed that the specific and cannot be listed that the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days are specific and cannot be |
| RTICLE VI: Other provisions, if  | any.  |
|  |   |
|  |   |
| REQUIRED SIGNATU   | RE:   |

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)