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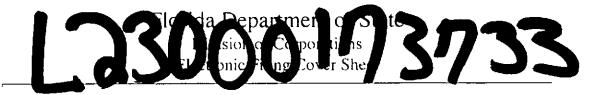
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Fax: (850) 617-6381

Page: 2 of 4

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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : JTAX CORP Account Number : 12020000009 Phone : (954)544-1000 Fax Number : (954)678-4500

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Email Address:\_\_\_

FLORIDA LIMITED LIABILITY CO. VIKTORY MANAGEMENT LLC

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•	
VIKTORY MANAGEMENT LLC	
(Must contain the words "Limited Liabili	ty Company. "L.L.C.," or "LLC.")
Principal Office Address:	Mailing Address:
Principal Office Address: 3131 NE 1ST AVE APT 2611	Mailing Address: SAME

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

JTA	X CORP				
	Name				
23123 STATE ROAD	7 STE 315				
Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)			
BOCA RATON	FL	33428			
City 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. 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 m Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

From: Jtax Corp

Fax: 19546784500

To:

Fax: (850) 617-6381

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

Title:		Name and Address:
	Authorized Member	
"MGR" = N	anager	
AMBR		VIKTOR DE ARALUO KRUSCHEWSKY DORIA
<del></del>		3131 NE 1ST AVE APT 2611
		MIAMI FL 33137
AMBR		RODRIGO BRANDAO MENA BARRETO
AMBK	<del></del>	ALAMEDA IRAE 302 APT 11
		MÔEMA \$P 04075-000
	<del>.</del>	
		e of filing:
ate of filing.)  If the date inse	•	meet the applicable statutory filing requirements, this date will not be listed as
	provisions, if any.	
REOUIRE	SIGNATURE:	
	Signature of a m	ember or an authorized representative of a member.
	This document is execu	ited in accordance with section 605.0203 (1) (b). Florida Statutes.
	l am aware that any fals constitutes a third degre	e information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.
		NIRVANDO COLARES BATISTA
		Typed or printed name of signee
		· · · · · · · · · · · · · · · · · · ·
		Filling Fees:

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

- \$ 30,00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)