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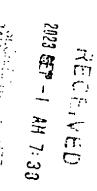
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WALK IN

	PICK	UP:	BROOK 8/31			
xx	CERTIFIED COPY PHOTOCOPY				<u> </u>	
XX	CUS FILING	LLC				
1.	FUNDLOGIX, LLC (CORPORATE NAME AND DOCUME)	MENT #)				
2.	(CORPORATE NAME AND DOCU	MEDIT A	<u>annanana</u>			
3.	(CORPORATE NAME AND DOCUM	MIEN I #)				
4.	(CORPORATE NAME AND DOCUM	MENT #)				
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5.	(CORPORATE NAME AND DOCUM	MENT #)			· · · · · · · · · · · · · · · · · · ·	<u> </u>
6.	(CORPORATE NAME AND DOCUM	MENT #)		 		
SPECIA: INSTRU	L CTIONS:	-				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabi	lity Company is:		
FUNDLOGIX, LL	С		
	ntain the words "Limited I	Liability Compan	y, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Limite	ed Liability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
1000 Brickell Ave : Miami, FL 33131	Ste 715		00 Brickell Ave Ste 715 iami, FL 33131
The name and the Florida street	Registered Agent Sol	utions, Inc.	
	Registered Agent Sol	utions, Inc. Name	
	2894 Remington Gree		
	Florida street address	(P.O. Box <u>NOT</u>	acceptable)
	Tallahassee, FL 3230	8	
	City	State	· Zip
place designated in this certificate further agree to comply with the p	r, I hereby accept the appo rovisions of all statutes rea	intment as registe lating to the prope	ne above stated limited liability company at the red agent and agree to act in this capacity. I er and complete performance of my duties, and t as provided for in Chapter 605, F.S
ын јата ж і үчіп апа ассері те о.	Registe	red Agent's Signa	ature (REOUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	EESHAN CAPITAL INC. 1000 Brickell Ave Ste 715 Miami, FL 33131
AMBR	AJ ADVANCE INC. 1000 Brickell Ave Ste 715 Miami, FL 33131
AMBR	AMAL CAPITAL INC. 1000 Brickell Ave Ste 715 Miami, FL 33131
(Use attachment if necessary)	
(If an effective date is listed, the date must t the date of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
n 11-71	

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Jonathan Allayev, Authorized Representative of AJ ADVANCE INC.

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)