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FALLAHASSEE FLORIDA

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CORPORATE ACCESS, _

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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PIC	CK UP: BROOK 9/15	
CERTIFIED COPY		
РНОТОСОРУ		
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TSIK LLC		
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liabilit	y Company is:				
	y a stripping to				
TUTSIK LLC					
(Must conta	ain the words "Limited L	iability Com	pany, "L.L.C.," or "LLC.")	_	_
ARTICLE II - Address:					
The mailing address and street ac	Idress of the principal off	ice of the Li	mited Liability Company is:		
noto de	1656		.		
Principal Office Address:		Mailing Address:			
27 W ANAPAMU ST., STE 406			27 W ANAPAMU ST., STE 406		
Santa Barbara, C.	<u> 4 93101 </u>		Santa Barbara, CA 931	01	_
*				.	-
ARTICLE III - Registered Age				• •	~
(The Limited Liability Company another business entity with an a	cannot serve as its own R	legistered A	gent. You must designate an i	ndividual or	2623
another business entity with an a	cuve riorida registration.	. }			(C)
The name and the Florida street a	address of the registered a	igent are:			 -
	Dagistard Agant	e Ina			OT.
Registered Agents Inc. Name					<u> </u>
				,	=
7901 4th St N, Ste 300					ဟ
	Florida street address ((P.O. Box <u>X</u>	OT acceptable)	4.,	٥'n
	St. Petersburg	Fl.	33702		
	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 in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	WIAM EUGENE HERMAN MATHILDE ARKENS	
	CLOS DU CHATALGNIER 5	
	1390 GREZ-DOICEAU BELGIUM	
AMBR	AURELIA GWEN NATHALIE COENE	
	CLOS DU CHATALGNIER 5	
	1390 GREZ-DOICEAU BELGIUM	
	· · · · · · · · · · · · · · · · · · ·	
		,
(Use attachment if necessary)	المرسية	
(vose attachment in necessary)	na	• :
LEV: Effective date, if other than the date of t		
flective date is listed, the date must be specifi	c and cannot be more than five business days prior to or 96(days aft	
e of filing.)	c and cannot be mare than the business days prior to or 20 pays an	-
	the applicable statutory filing requirements, this date will not be listed	'n
cument's effective date on the Department of S		-
·		
TLE VI: Other provisions, if any.		

AJBeren

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.

Amanda J. Beren

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)

\$ 5.00 Certificate of Status (Optional)