

LA8000002590



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 021873 5021715

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : November 4, 1998

ORDER TIME : 3:20 PM

ORDER NO. : 021873-015

CUSTOMER NO: 5021715

500002681725--9

-11/06/98--01001--013

****250.00 ****250.00

CUSTOMER: Ms. Simone Boden

BERNARD P. WOLFSDORF

BERNARD P. WOLFSDORF

17383 Sunset Blvd.

Suite 120

Pacific Palisad, CA 90272

DOMESTIC FILING

NAME: SUMI ENTERPRISES, LLC

500002681725--9

-11/06/98--01001--014

*****35.00 *****35.00

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS:

Name	
Availability	
Document	
Examiner	
Updater	
Verifier	
Acknowledgement	
P. Verifier	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV -5 AM 9:15

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sumi Enterprises, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2839 U.S. HWY 19

Holiday, FL 34691

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

75 years

ARTICLE IV - Management:

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Sumitra Dayal

2839 U.S. HWY 19

Holiday, FL 34691

Bhawan Dayal

2839 U.S. HWY 19

Holiday, FL 34691

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

Sumi Enterprises, LLC

2. The name and address of the registered agent and office is:

Sumitra Dayal

(Name)

2839 U.S. HWY 19

(P.O. Box or Mail Drop Box NOT acceptable)

Holiday, FL 34691

(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.

BY: _____

(Signature)

10/24/98

(Date)

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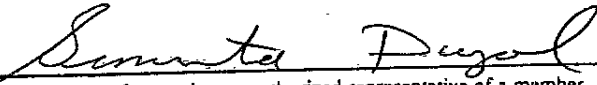
AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____

Sumi Enterprises, LLC

deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 50,000
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ N/A.
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ N/A
- 5) the total amount of 2, 3, and 4 is \$ 50,000


Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the
execution of this affidavit constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.)

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