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		olutions, LLC					
SUBJECT	`:	Name	e of Lim	ited Liabili	ty Company		
The enclos	sed Articles of	Organization and fo	ee(s) are	submitted	for filing.		
Please retu	ırn all correspo	ndence concerning	this ma	tter to the f	ollowing:		
	Andrei Arap	ov					
				Name of	Person		_
						700	3
		. <u>.</u>				124 Joe 1	
				Firm/Co	mpany		= -
	3005 W Lake Mary Blvd, Suite 111 PMB 1023						
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	Lake Mary, l	FL 32746				IATE TATE	q: L.7
			Ci	ty/State and	d Zip Code		_
		@velessoftware.co				<u> </u>	
	E	E-mail address: (to l	oe used	for future a	nnual report notificati	on)	
For further i	nformation co	ncerning this matter	, please	call:			
	Andrei Arape	ov	58 at (7	707-8775		
	Name	e of Person	_ \	ea Code	Daytime Telephone	e Number	
Enclosed is	s a check for th	ne following amoun	it:				
□\$125.00) Filing Fee	□\$130.00 Filing Certificate of Sta		Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	□S160.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclo	&
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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is: Veles IT Solutions, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: PO Box 96145, RPO West Springs 3005 W Lake Mary Blvd, Suite 111 PMB 1023 Calgary, Alberta, Canada, T3H 0L3 Lake Mary, FL 32746 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Andrei Arapov Name 3005 W Lake Mary Blvd, Suite 111 PMB 1023 Florida street address (P.O. Box NOT acceptable) Lake Mary State City 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Andrei Arapov 3005 W Lake Mary Blyd, Suite 111 PMB 1023 Lake Mary, FL 32746
MGR	Andrei Arapov 3005 W Lake Mary Blvd, Suite 111 PMB 1023 Lake Mary, FL 32746
	26
	
(Use attachment if necessary)	
(If an effective date is listed, the date must be s the date of filing.)	pecific and cannot be more than five business days prior ito or uddays after meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
<u>required</u> signature:	grand and the same of the same
This document is executed any false and a second a second and a second a second and a second a second and a second a second and a second a second and a second a second and a second and a second and a second and a	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b). Florida Statutes, se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.

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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)

Andrei Arapov