



ROSS MILLER
 Secretary of State
 206 North Carson Street
 Carson City, Nevada 89701-4299
 (775) 684 6708
 Website: www.nvscs.gov

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Articles of Organization
Limited-Liability Company
 (PURSUANT TO NRS CHAPTER 86)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Limited-Liability Company: (must contain approved limited-liability company wording; see instructions)	INTERNATIONAL LLC	Check box if a Series Limited-Liability Company <input type="checkbox"/>
2. Registered Agent for Service of Process: (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent: _____ <small>Name</small> <input type="checkbox"/> Noncommercial Registered Agent OR <input type="checkbox"/> Office or Position with Entity <small>(name and address below) (name and address below)</small> <small>Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity</small> _____ Nevada _____ <small>Street Address City Zip Code</small> _____ Nevada _____ <small>Mailing Address (if different from street address) City Zip Code</small>	
3. Dissolution Date: (optional)	Latest date upon which the company is to dissolve (if existence is not perpetual): _____	
4. Management: (required)	Company shall be managed by: <input checked="" type="checkbox"/> Manager(s) OR <input type="checkbox"/> Member(s) <small>(check only one box)</small>	
5. Name and Address of each Manager or Managing Member: (attach additional page if more than 3)	1) _____ <small>Name</small> _____ AJMAN, U A E XX XXXXX <small>Street Address City State Zip Code</small> 2) _____ <small>Name</small> _____ BUDAPESI, HUNGARY XX _____ <small>Street Address City State Zip Code</small> 3) _____ <small>Name</small> _____ <small>Street Address City State Zip Code</small>	
6. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)	<input checked="" type="checkbox"/> <small>Name</small> Organizer Signature Karen E Elliott, Assistant Secretary _____ DOVER DE 19901 <small>Address City State Zip Code</small>	
7. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. <input checked="" type="checkbox"/> <small>Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity</small> _____ 10/3/2008 <small>Date</small>	

This form must be accompanied by appropriate fees

Nevada Secretary of State NRS 86 LLC Articles
 Revised on 7-1-08