

This form must be type written or computer generated.



State of Utah  
 DEPARTMENT OF COMMERCE  
 Division of Corporations & Commercial Code  
 Articles of Organization

RECEIVED  
 OCT 08 2008

Important: Read instructions before completing form Non-Refundable Processing Fee: \$52.00

1. Name of Limited Liability Company:	Continental LLC		
2. Purpose:	Trading, Services and Investment		
3. Registered Agent Name, Signature and Street Address:  (Utah Street Address Required, PO Boxes can be listed after the street address)	_____, Inc. Name _____ Avenue Midvale Utah 84047 Street Address City State Zip I hereby accept appointment as Registered Agent for the above named company Assistant Secretary 10/6/2008 Authorized Signature of R.A. or on behalf of R.A. Company Date The Director of the Division of Corporations shall be appointed agent of the company for service of process if the agent has resigned, the agent's authority has been revoked, or the agent cannot be found or served with the exercise of reasonable diligence.		
4. Designated Office: (must be a Utah street address)	_____ Utah Street Address City State Zip The company's registered office shall be its designated office		
5. Organizer(s)	The company <input checked="" type="radio"/> does <input type="radio"/> does not have organizers who are not members or managers of the company		
6. Name and Address of each Organizer who is not a Member or Manager: (attach additional page if needed)  (Utah Street Address Required PO Boxes can be listed after the street address)	1. _____, Ltd. Name _____ Highway Dover DE 19901 Address City State Zip _____ 10/7/2008 Signature Date 2. Name _____ Address City State Zip _____ Signature Date		
7. Management:	The company will be <input checked="" type="radio"/> manager <input type="radio"/> member managed.		
8. Name and Address of Members/Managers: (attach an additional page if there are more than 2 members and/or managers)	1. Name _____ Position Manager Address _____ Ajman, U.A.E. XX City State Zip _____ 10/7/2008 Signature Date 2. Name _____ Position Manager Address _____ Budapest, Hungary XX City State Zip _____ 10/8/2008 Signature Date		
9. Duration (may not exceed 99 years)	<input checked="" type="checkbox"/> The duration of the company shall be 99 years <input type="checkbox"/> The duration date of the company shall be _____		
10. Principal Address:	_____ Avenue Midvale UT 84047 Address City State Zip		

10-08-08P01:18 RCVD

Date: 10/08/2008  
 Receipt Number:  
 Amount Paid:

Under GRAMA (63-2-201), all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.