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Division of Corporations

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3086

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Sabertooth Technology Group LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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EXAMINER

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H09000009469

ARTICLE I - Name

The name of the Limited Liability Company is: **Sabertooth Technology Group 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:

5944 Coral Ridge Dr. #215

5944 Coral Ridge Dr. #215

Coral Springs, FL 33076

Coral Springs, FL 33076

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Geoffrey M. Wayne

Name

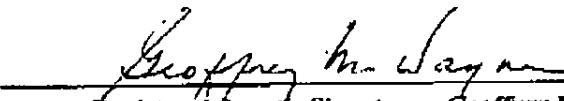
2929 SW 3rd Avenue #330

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

Miami, FL 33129

(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 608, F.S.


Registered Agent's Signature - Geoffrey M. Wayne

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ARTICLE IV - Manager(s) or Managing Member(s):

H09000009469

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Geeta Lalchandani - 5944 Coral Ridge Dr. #215, Coral Springs, FL 33076

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Geeta Lalchandani

Typed or printed name of signee

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