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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 922-4003

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

AL

LIMITED LIABILITY COMPANY

TEK RAB HOLDINGS, L.L.C.

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

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

ARTICLE I - Name

The name of the Limited Liability Company is:

Tek Rab Holdings, L.L.C.

ARTICLE II - Address

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

**19 W. Flagler Street, Suite 1212
Miami, FL 33130**

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

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

Timothy K. Barker

Name

19 W Flagler Street #1212

Florida street address

Miami, FL 33130

City, State, and 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. Thereby 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

ARTICLE IV - Management (Check only if applicable).

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is required).

Signature of a member or an authorized representative of a member.

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

Timothy K. Barker

Typed or printed name of signer

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SECRETARY OF
TALLAHASSEE