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Jennifer Lin Duxlink, LLC 6033 SW 191 Ave Ft. Lauderdale, FL, 33332 Tel: 954-663-4797

July, 23, 2002

Registration Section Division of Corporations 409 E Gaines St Tallahassee, FL, 32399

Registration Officer:

I am filing incorporation paper for Duxlink, LLC.

Enclosed is a check \$155 to cover

\$100, filling fee for articles of organization \$ 25, designation of registered agent \$ 30, certified copy

Any further questions regarding this matter, please contact me. Your time and effort is gratefully appreciated.

Jennifer Lin

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Dux Tnk 11C (Name of Limited Liability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Jennifer Lin Name of Person)	***************************************		
Qivaine of Lessony			
Dux link 11 C (Firm/Company)			
(Pitm/Company)			
6033. SW. 191 ⁵⁷ Ave		-	
Fit. Lauderdole, Fil. 33332 (City/State and Zip Code)	ZNON ZNON	angrig	
For further information concerning this matter, please call:			
(Name of Person) at (954) 663-4797 (Area Code & Daytime Telephone Number)		ۇ قا ئىيىن	
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STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Dux link, L2C		
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
6033.5W 191 Ave	P.O. Box 327423	
Fit. Lauderdale	Fit. Landordale, Fil.	
FL, 33332	33332	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Jennifer Image: Property of the		

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, Floridg Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested REQUIRED SIGNATURE: Signature of a member or an 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.)

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

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)