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Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LIMITED LIABILITY COMPANY**

cloud 115 llc

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
CLOUD 115 LLC

ARTICLE I

The name of the limited liability company shall be: CLOUD 115 LLC

ARTICLE II

The principal place of business and mailing address of the corporation shall be:

6480 SW 49 STREET  
MIAMI FLORIDA 33155

ARTICLE III

This limited liability company shall commence its existence immediately upon the filing of the Articles of Organization and shall perpetually thereafter be in existence unless sooner dissolved by and in accordance with Florida law.

ARTICLE IV

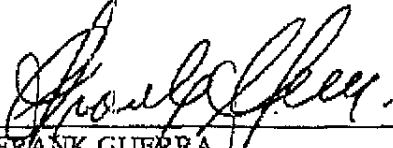
The name and address of the initial registered agent is:

FRANK GUERRA  
6480 SW 49 STREET  
MIAMI FLORIDA 33155

ARTICLE V

The limited liability company is to be managed by a managing member.

The undersigned has executed these Articles of Organization on this 21<sup>TH</sup> day of November, 2004.

  
FRANK GUERRA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First that, **CLOUD 115 LLC** desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization, has named **FRANK GUERRA**, whose address is **6480 SW 49 STREET, MIAMI FLORIDA 33155**, as its agent to accept service of process within this State.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATE CORPORATION 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.

SIGNATURE

*Frank Guerra*  
Registered Agent

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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