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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

Frcm:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Fax Number : (516)935-3088

LIMITED LIABILITY COMPANY

Santa Clara Technologies LLC

| Certificate of Status | 1 |
|-----------------------|------------------|
| Certified Copy | 0 |
| Page Count | 182.3 |
| Estimated Charge | \$130.00 |

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ARTICLES OF ORGANIZATION FOR

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FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Santa Clara Technologies 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: |
|---|--|
| 11241 NW 47 Lane | 11241 NW 47 Lane |
| Miami, FL 33178 | Miami, FL 33178 |
| ARTICLE III - Registered Agent, Registered Of The name and Florida street address of the registered agent a | |
| Alain Gonzale | |
| | Name |
| 13241 NW 47 | Lane |
| | or Mail Drop Box NOT Acceptable) |
| Miami, FL 33 | 178 |
| regarding 53 | (City / State / Zip) |
| at the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter 608, F.S. | the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance ations of my position as registered agent as provided for in LAHASSEE, FLORETARY OF STAIL STA |

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

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

H05000012396

| <u> Title:</u> | Name and Address: |
|--|--|
| "MGR" = Manager "MGRM" = Managing I | Memb er |
| MGRM | Roger Torres- 1560 Trevino Avenue, Coral Gables, FL 33134 |
| MGRM | Alain Gonzalez-11241 NW 47 Lane, Miami, FL 33178 |
| | |
| | |
| (Use attachment if nece | ssary) |
| REQUIRED SIGNAT | TURE: |
| | Signature of a member or authorized representative of a member. |
| de | In accordance with section 608.408(3), Florida Statutes, the execution of this ocument constitutes an affirmation under the penalties of perjury that the facts ated herein are true.) |
| | Roger Torres |
| _ | Typed or printed name of signee |

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SECRETARY OF STALE