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A1A CORPORATE SERVICES

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Division of Corporations

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

Absolute Technologies, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRET
TALLAHASSEE, FLORIDA

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

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
Absolute Technologies LLC

ARTICLE II ADDRESS

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

11910 Wandsworth Dr.
Tampa, Florida 33626

**ARTICLE III REGISTERED AGENT, REGISTERED
OFFICE & REGISTERED AGENT SIGNATURE**

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

A1A Registered Agent Inc.
92 Sagberry Rd.
Quincy, Florida 32351.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent 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 all statutes relating to the proper and
complete performance of my duties, and I am familiar with accept the obligations of
my position as registered agent as provided for in Chapter 608, F.S..

Paul Smith

PAUL SMITH V.P. / Registered Agent's Signature

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Page 2 Absolute Technologies LLC

ARTICLE IV

The Limited Liability Company will be managed by one or more managers.

ARTICLE V

The name and address of the manager of the LLC are:

Manager:

Wesley Bode

11910 Wandsworth

Tampa, FL 33626

W. Bode

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.

Wesley Bode.

Typed or printed name of signee

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SECRETARY
TALLAHASSEE, FLORIDA

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