

L06000042745

Florida Department of State  
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To:

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
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Fax Number : (305) 633-9696

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

azurian scm, llc

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
AZURIAN SCM, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I – NAME**

The name of the limited liability company shall be AZURIAN SCM, LLC ("Company").

**ARTICLE II – ADDRESS**

The mailing address and street address of the principal office of the company shall be 607 Cascade Falls Drive, Weston, FL 33327.

**ARTICLE III – DURATION**

Perpetual. The company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The company's existence shall be perpetual, unless the company is earlier dissolved as provided in these Articles of Organization.

**ARTICLE IV – REGISTERED OFFICE AND AGENT**

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

Enrique Carrillo  
607 Cascade Falls Drive  
Weston, FL 33327

**ARTICLE V – CAPITAL CONTRIBUTIONS**

Each member shall make capital contributions to the company as necessary from time to time, on the majority consent of all members.

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#### ARTICLE VI -- ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the company except with the majority written consent of the members of the company and on such terms and conditions as shall be determined by majority consent of the members. A member may transfer his or her interest in the company as set forth in the regulations of the company, but the transferee shall have no right to participate in the management of the business and affairs of the company or become a member unless a majority of the other members of the company approve of the proposed transfer by written consent.

#### ARTICLE VII -- TERMINATION OF EXISTENCE

The company shall be dissolved on the death, bankruptcy, or dissolution of a manager, or on the occurrence of any other event that terminates the continued membership of a member in the company, unless the business of the company is continued by the consent of a majority of the remaining members, provided there are at least two remaining members.

#### ARTICLE VIII -- MANAGEMENT

The company shall be managed by a manager in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The name and address of the initial manager of the company is ENRIQUE CARRILLO, whose address is 607 Cascade Falls Drive, Weston, FL 33327.

IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these Articles of Organization in Fort Lauderdale on this 24<sup>th</sup> day of April, 2006.

Organizer and Manager:

  
ENRIQUE CARRILLO


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TALLAHASSEE, FLORIDA

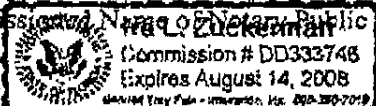
STATE OF FLORIDA       )  
                                      ) ss  
COUNTY OF BROWARD    )

Sworn to and subscribed before me this 24<sup>th</sup> day of April, 2006, by ENRIQUE CARRILLO, ☒ who is personally known to me or ☐ who has produced \_\_\_\_\_ as identification.

  
\_\_\_\_\_  
Notary Public

IRA L. ZUCKERMAN

Print, Type or Stamp

Commissioned Notary Public  
(SEAL)  Commission # DD333748  
Expires August 14, 2008  
DAVID M. TAYLOR - Insurance, Inc. 800-350-7079

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, F.S.

  
\_\_\_\_\_  
ENRIQUE CARRILLO

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED  
AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: AZURIAN SCM, LLC
2. The name and address of the registered agent and office is:

Enrique Carrillo  
(NAME)

607 Cascade Falls Drive  
(P.O. BOX NOT ACCEPTABLE)

Weston, Florida 33327  
(CITY/STATE/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, 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.*

  
ENRIQUE CARRILLO

4/24/06  
DATE

Filing Fee: \$ 35 for Designation of Registered Agent

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