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Effective Date 2/2/07

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: NETWORKING TECHNOLOGIES INTL. LLC (Name of Limited Liability Company)
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	ROLAND OLIVEROS (Name of Person)
	(Firm/Company)
	11219 LAKEVIEW DRIVE (Address)
	CORSL Springs, FL 33071 (City/State and Zip Code)
For fur	rther information concerning this matter, please call:
	(Name of Person) (Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for the following amount:
V \$12:	5.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

V

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

7 (27 II)
Effective Date 2/22/07
Company" or their abbreviation "LLC," or "L.C.,")
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ncipal office of the Limited Liability Company is:
Mailing Address:
M219 LAKEVIEW DR. Coral Springs, FL
Coral Springs, FL

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

1/2/9 Sakeview Dr.

Florida street address (P.O. Box NOT acceptable)

Corol Spings FL 3307/
Oty, State, and 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 as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

07 FEB 26 AM IO: 31

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGR	POLAND OLIVEROS 1/2/9 LAKEVIEW DR. ORAL SPRINGS, FL 3307
MGMR	Joseph Harding. 3830 NW 90Way 1 SUNRISE, FL 33351
	
(Use attachment if necessary)	

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

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)