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Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160

Phone : (800)494-3124

Fax Number : (561)455-9885

FLORIDA/FOREIGN LIMITED LIABILITY CO.

QUALLIX INTERNATIONAL, LLC

Certificate of Status	0
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J. BRYAN

OCT 2 1 2008

EXAMINER

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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:

QUALLIX INTERNATIONAL, LLC

ARTICLE II ADDRESS

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

919 5TH AVENUE PARKWAY S NAPLES, FLORIDA 34102

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

CARLO VELARDE 919 5TH AVENUE PARKWAY S NAPLES, FLORIDA 34102

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 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.

CARLO VELARDE / Registered Agent's signature

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QUALLIX INTERNATIONAL, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
CARLO VELARDE
919 5TH AVENUE PARKWAY S
NAPLES, FLORIDA 34102

JANSON OF CORPORATIONS
OR OCT 20 AM 8: 06

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.

CARLO VELARDE

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