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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : I20010000112  
Phone : (302) 575-0875  
Fax Number : (302) 575-0925

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Bluecane LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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**D. BRUCE**

APR 7 2009

**EXAMINER**

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is: **Bluecane LLC**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: **Bluecane.net Limited, Unit 14, Branston House, West Avenue, Wigston, Leics, LE182FB UNITED KINGDOM.**

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Agents and Corporations, Inc.  
300 Fifth Avenue South  
Suite 101-330  
Naples, FL 34102**

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.

**Agents and Corporations, Inc.**

  
By: **John L. Williams, Vice President**


**ARTICLE IV – Management (Check box if applicable.) [ ]**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

**ARTICLE V – Manager:**

The Initial Manager(s) of the Limited Liability Company shall be:

**Darran Link**

  
\_\_\_\_\_  
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.)

**Darran Link**  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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