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CORPORATE CREATIONS

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Division of Corporations

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

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (361)694-8107  
Fax Number : (561)694-1639

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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FLORIDA LIMITED LIABILITY CO.  
ADUX, LLC

Certificate of Status	1
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**T. CLINE**

JUN 25 2010

**EXAMINER**

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## ARTICLES OF ORGANIZATION

### ARTICLE I - Name

The name of the limited liability company is ADUX, LLC. (the "Company").

### ARTICLE II - Address

The mailing address and street address of the principal office of the Company is 1000 Brickell Avenue, Suite 215, Miami, Florida 33131.

### ARTICLE III - Registered Agent

The name and street address of the registered agent of the Company in the state of Florida is Robert M. Haber, Esq., 1000 Brickell Avenue, Suite 215, Miami, Florida 33131.

### ARTICLE IV - Management

The Company is to be managed by its members.

### ARTICLE V - Duration

The period of duration for the Company shall be perpetual.

### ARTICLE VI - Admission of Additional Members

The members will have the right to admit additional members.

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**ARTICLE VII - Members Right to Continue Business**

The remaining members of the Company will have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company.

In accordance with Florida Statutes, Section 608.407(3), the undersigned, as the authorized representative of a member by his execution below, hereby affirms under penalties of perjury that the facts stated herein are true.

June 24, 2010

  
Robert M. HaberSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Instrument prepared by:  
Robert M. Haber, Esq.  
1000 Brickell Avenue, Suite 215  
Miami, Florida

**STATEMENT AND ACCEPTANCE OF  
DESIGNATION OF REGISTERED AGENT**

Pursuant to the provisions of Florida Statutes, Section 608.415, the undersigned, as registered agent designated by ADUX, LLC., hereby submits the following statement:

1. The name of the limited liability company is:

ADUX, LLC.

2. The name and address of the registered agent and office is:

Robert M. Haber, Esq.  
1000 Brickell Avenue, Suite 215  
Miami, Florida 33131

Having been designated as registered agent and to accept service of process for the above state limited liability company at the place designated in this statement, 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.

  
Robert M. Haber

June 24, 2010

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