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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE

N. AUG - 5 2010



August 3, 2010

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Global Blue Technologies-USA LLC

Dear Filing Officer:

Please file the attached Articles of Organization for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

Denise Bell

Senior Corporate Specialist

Encl.

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Global Blue Technologies-USA LLo	c.
	ited Liability Company)
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Denise Bell	
	(Name of Person)
NRAI Corporate Services	
-	(Firm/Company)
16055 Space Center Blvd., Ste. 235	
	(Address)
Houston, TX 77062	
(Ci	ity/State and Zip Code)
For further information concerning this matter, pleas	se call:
Denise Bell	at (800) 862-5438
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

COVER LETTER

	f Corporations		
SUBJECT: Globa	al Blue Technologies-USA LL	c	
		ted Liability Company)	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
Denise Bel	I		
		(Name of Person)	
NRAI Corpo	orate Services		
		(Firm/Company)	
16055 Spa	ce Center Blvd., Ste. 235		
		(Address)	
Houston, T	X 77062		
		ty/State and Zip Code)	
For further informat	ion concerning this matter, pleas	se call:	
Denise Bell	ame of Person)	at (800) 862-5438 (Area Code & Daytime Telephone N	umbar)
(14	ame of reison)	(Area Code & Daytine Telephone N	uniber)
Enclosed is a chec	k for the following amount:		
✓ \$125.00 Filing Fe	ce \$\sumsymbol{\sumsymbol{\subsymbol{\sin}\symbol{\sin}\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin	Certified Copy Certif (additional copy is enclosed) Certif	00 Filing Fee, icate of Status & ied Copy onal 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Global Blue Technologies-USA LLC (Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11820 Parklawn Drive, Ste. 540	11820 Parklawn Drive, Ste. 540
Rockville, MD 20852	Rockville, MD 20852
business entity with an active Florida registration.) The name and the Florida street address of the r NRAI Services, Inc. Name 2731 Executive Park Drive, So Florida street address Weston	FILED G-4 AV ANASSEE.
City, State, a	
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all orformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

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

1 6 6

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
With Wanding Member			
MGRM	Global Blue Technologies, Inc.		
	11820 Parklawn Drive, Ste. 540	_	
	Rockville, MD 20852	_	
		_	
		_	
		_	
		_	
		_	
		_	
(Use attachment if massessmi)			
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the da	te of filing: (OPTI	ONAL	.)
(If an effective date is listed, the date must be s	pecific and cannot be more than five busines		
to or 90 days after the date of filing.)	PO	5	•
	Eŝ	2	
DECHIDER SIGNATURE.		10.AUG -4	71
REQUIRED SIGNATURE:	SS	· 🛨	FILE
14	man eman	· 7	ED
/ tytus	of ours ?	o =	
Signature of a member o	r an authorized representative of a member. n 608.408(3), Florida Statutes, the execution	AHII: 13	
(In accordance with sectio		1	l. `
of this document constitute that the facts stated here	es an affirmation under the penalties of perjury		
Stephen C. LaPointe, C			
	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)