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FLORIDA LIMITED LIABILITY CO.
Intermedia Networking LLC

Certificate of Status	0
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FAX AUDIT # H10000179 0303

**ARTICLES OF ORGANIZATION
OF
Intermedia Networking LLC**

ARTICLE I NAME

The name of the limited liability company shall be: Intermedia Networking LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 370 Center Pointe Cir., #1190, Altamonte Springs, Florida 32701.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Arif Rajan, 370 Center Pointe Cir., #1190, Altamonte Springs, Florida 32701. Located in the County of Seminole.

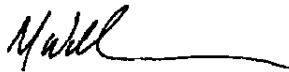
ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Arif Rajan, 370 Center Pointe Cir., #1190, Altamonte Springs, Florida 32701



Date: July 22, 2010

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

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FAX AUDIT # H100001790303CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Intermedia Networking LLC

The name and address of the registered agent and office is Arif Rajan, 370 Center Pointe Cir., #1190, Altamonte Springs, Florida 32701. Located in the County of Seminole.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: _____

Arif Rajan

Date: 8/3/10RECEIVED
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