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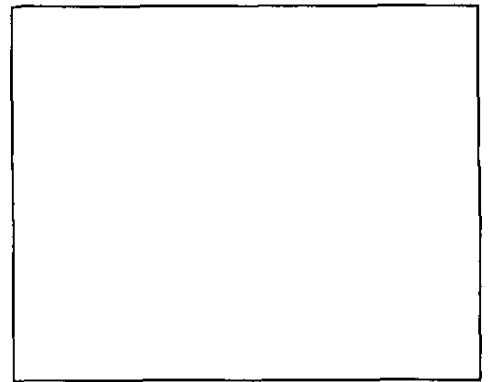
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ENTITY NAME:

OPEN WATER SUPPLY, LLC

CK# 5164 FOR \$155.00

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TALLAHASSEE, FLORIDA

PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

☒ XXX CERTIFIED COPY

☐ STAMPED COPY

☐ CERTIFICATE OF STATUS

Examiner's Initials

**ARTICLES OF ORGANIZATION OF
OPEN WATER SUPPLY, LLC**

**ARTICLE I
NAME**

The name of this Limited Liability Company shall be OPEN WATER SUPPLY, LLC (the "Company").

**ARTICLE II
PRINCIPAL PLACE OF BUSINESS**

The principal place of business of the Company shall be 10505 N.W. 27th Street, Suite No. 1, Miami, FL 33172, and such other place or places as the member from time to time may determine. The mailing address of the Company is Gevenmed S.A., P.O. Box 025322, Miami, FL 33102.

**ARTICLE III
INITIAL REGISTERED OFFICE AND
REGISTERED AGENT**

The initial registered agent of the Company shall be Atrium Registered Agents, Inc. The address of the initial registered agent is 1500 San Remo Avenue, Suite 125, Coral Gables, Florida 33146.

**ARTICLE IV
MANAGEMENT**

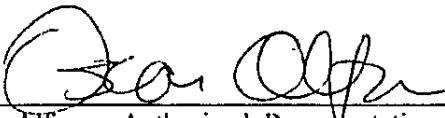
The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager – managed company.

**ARTICLE V
DURATION**

The period of duration of the Company shall be perpetual, and the Company shall be in existence until dissolved in a manner provided by law, or as provided in the Operating Agreement.

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed on the 27 day of April, 2011, effective upon filing same with the Florida Department of State.

BY:


Oscar Alfonso, Authorized Representative

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TALLAHASSEE
FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT DESIGNATING ITS REGISTERED OFFICE AND REGISTERED AGENT IN FLORIDA.

1. The name of the limited liability company is:

OPEN WATER SUPPLY, LLC
2. The name and address of the registered agent and office is:

Atrium Registered Agents, Inc.
1500 San Remo Avenue, Suite 125
Coral Gables, Florida 33146

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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, REGISTERED AGENT HEREBY ACCEPTS THE APPOINTMENT AS REGISTERED AGENT AND AGREES TO ACT IN THIS CAPACITY. REGISTERED AGENT FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND IS FAMILIAR WITH AND ACCEPTS THE DUTIES AND OBLIGATIONS OF ITS POSITION AS REGISTERED AGENT.

ATRIUM REGISTERED AGENTS, INC.

By: _____

Jack D. Finkelman, Vice President

Date: _____

04/27/11