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Florida Department of State
Division of Corporations
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To:

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Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
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FLORIDA LIMITED LIABILITY CO.

CyDo LLC

Certificate of Status	0
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A. LUNT

MAY 27 2010

EXAMINER

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

In compliance with Chapter 608 and/or 621, F.S.

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TALLAHASSEE, FLORIDA

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ARTICLE I NAME

The name of the Limited Liability Company is:

CYDO LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

130 NE 44TH STREET
MIAMI, FLORIDA 33137

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

DONNA FREEMAN
130 NE 44TH STREET
MIAMI, FLORIDA 33137

Having been named as registered agent 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.

X


DONNA FREEMAN / Registered Agent's signature

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CYDO LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

DONNA FREEMAN

130 NE 44TH STREET

MIAMI, FLORIDA 33137

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2011 MAY 26 AM 10:34
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

X _____
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.

DONNA FREEMAN

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