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PICK-UP WAIT MAIL

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Certified Copies _____ Certificates of Status _____

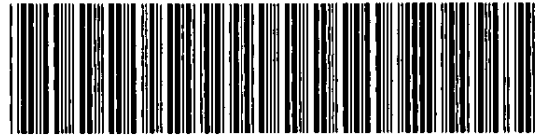
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JUN 17 2011

EXAMINER



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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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11 JUN 17 PM 1:33
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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SUPERNOVAPP, LLC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
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- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: SETH

Name _____

6/17/11 11:00
Date Time

Walk-In _____

Will Pick Up _____

**ARTICLES OF ORGANIZATION
OF
SUPERNOVAPP, LLC**

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11 JUN 17 PM 1:33

Each undersigned individual, being either a member or the authorized representative of a member, hereby presents these Articles of Organization to the Department of State of the State of Florida in accordance with Chapter 608, Florida Statutes, for the formation of a limited liability company under the laws of the State of Florida.

ARTICLE I

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

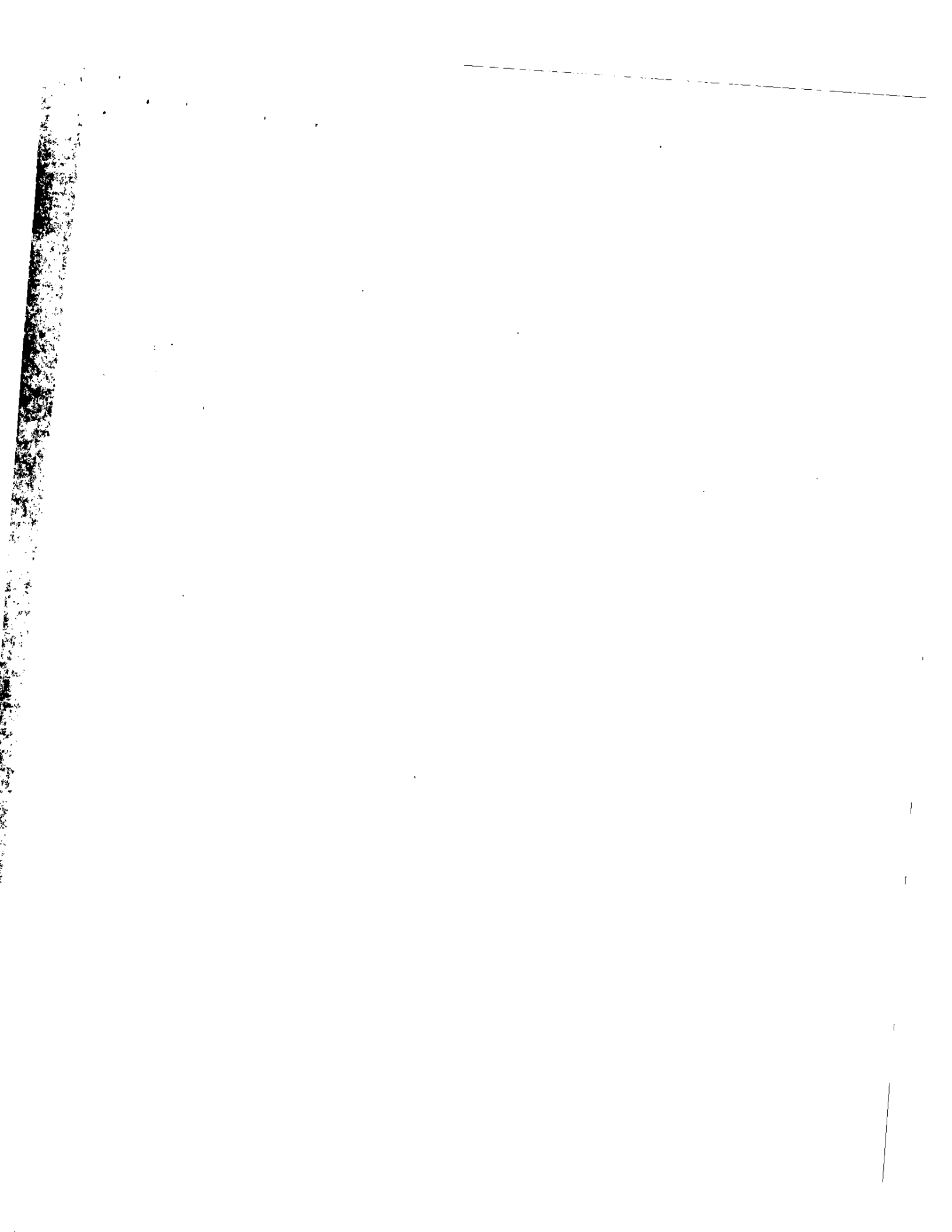
ARTICLE II

Unless and until the Company is dissolved by the unanimous consent of the members or by law, the Company will exist in perpetuity from the date of the filing of these Articles with the Florida Department of State.

ARTICLE III

The mailing address and street address of the Company's principal business office is:

1060 Brickell Avenue, Suite 2917
Miami, FL 33131



ARTICLE IV

The name of the initial registered agent and the street address of the initial registered office for service of process in the State of Florida are as follows. Attached to these Articles is a written statement from the registered agent as required by Florida Statute § 608.415.

<u>Registered Agent</u>	<u>Address of Registered Office</u>
Harold L. Lewis	One Biscayne Tower, Suite 2400 2 South Biscayne Boulevard Miami, Florida 33131

ARTICLE V

The business of the Company shall be managed by one or more managers. The Company shall be a manager-managed Company. The address of each Manager is as follows:

"MGR" = Manager
"MGRM" = Managing Member

<u>Title</u>	<u>Name and Address</u>
MGR	Jordan A. Charvillat 1060 Brickell Avenue, Suite 2917 Miami , FL 33131
MGR	Benjamin Gievis 1060 Brickell Avenue, Suite 2917 Miami , FL 33131
MGR	Jean-Philippe Raynaud 1060 Brickell Avenue, Suite 2917 Miami , FL 33131

ARTICLE VI

The Company may exercise any powers, without limitation whatsoever, which a limited liability company may legally exercise under the laws of the State of Florida.

ARTICLE VII

The Company may indemnify any manager, member, officer, employee or agent of the Company to the fullest extent permitted by Florida law.

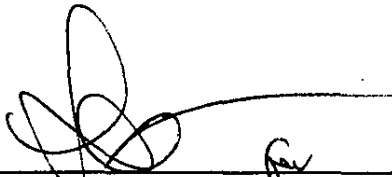
IN WITNESS WHEREOF, the undersigned authorized representative of the Company has hereunto executed these Articles of Organization this 17 day of June, 2011.



Harold L. Lewis, Authorized Representative

ACCEPTANCE OF REGISTERED AGENT

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, 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.



Harold L. Lewis, Registered Agent