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TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE OF VISION OF CORPORATION

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SECRETARY OF STATE . DIVISION OF CORPORATIONS CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

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CONTACT: KATIE WONSCH DATE: 06/24/2011 **REF. #:** RA4131.150365 CORP. NAME: <u>EE&G AFRICA, LLC</u> () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION) ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME) FOREIGN QUALIFICATION () LIMITED PARTNERSHIP (XX) LIMITED LIABILITY) REINSTATEMENT () MERGER () WITHDRAWAL) CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 540 426 FOR \$ 160.00 AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED: COST LIMIT: \$____ PLEASE RETURN: XX) CERTIFIED COPY (XX) CERTIFICATE OF GOOD STANDING () PLAIN STAMPED COPY) CERTIFICATE OF STATUS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY %

ARTICLE I - Name:

M.

The name of the Limited Liability Company is:

EE&G Africa, LLC	
(Must end with the words '	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addre	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

Principal Office Address:

5751 Miami Lakes Drive

Miami Lakes, FL 33014

Mailing Address:

same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

 CorpDirect Agen	ts, "In	c	
Nam	ıe		
515 E. Park Av	zenue	<u>.</u>	
Florida street a	ddress (I	P.O. Box <u>NO</u>	r acceptable)
 Tallahassee,	FL	32301	
 City,	State, and	d Zip	

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 as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

MGR	Timothy Gipe	
	5751 Miami Lakes Drive	
	Miami Lakes, FL 33014	
MGR	Carolyn Bailey	
	5751 Miami Lakes Drive	
	Miami Lakes, FL 33014	
MGR	Reid Sundberg	
	5751 Miami Lakes Drive	
	Miami Lakes, FL 33014	
MGR	David Sundberg	
	5751 Miami Lakes Drive	
	Miami Lakes, FL 33014	
Use attachment if necessary)		
FV. Effective date if other than the	e date of filing:	(OPTIONAL)

REQUIRED SIGNATURE:

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Carolyn Bailey

Typed 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)