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EXAMINER
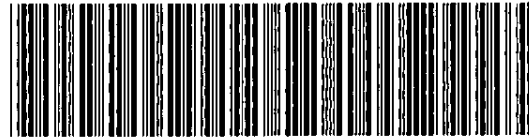
ACCOUNT NO. :   I20000000195

REFERENCE :   836310   7118451

AUTHORIZATION :

COST LIMIT : $ 125.00

ORDER DATE :   July 6, 2011

ORDER TIME :   12:09 PM

ORDER NO. :   836310-005

CUSTOMER NO: 7118451

DOMESTIC FILING

NAME: IBEX PETROCANE, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

FILED
11 JUL -6 PM 2: 55
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

IBEX PETROCANE, LLC

(Must end with the words "Limited Liability Company. "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
13002 San Jose Street	13002 San Jose Street
Coral Gables, Florida 33156	Coral Gables, Florida 33156

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:

Jose F. Rosado
_____
Name

13002 San Jose Street
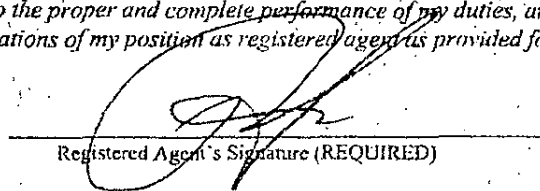_____
Florida street address (P.O. Box **NOT** acceptable)

Coral Gables   FL 33156
_____
City, State, and 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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

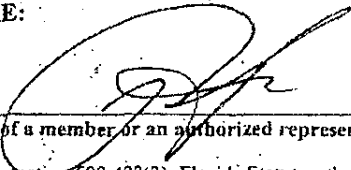| Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Jose F. Rosado
	13002 San Jose Street
	Coral Gables, Florida 33156

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Jose F. Rosado
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)

FILED
11 JUL -6 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA