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SECRETARY OF STATE
ALLAHASSEE, FLORIOA

J. BRYAN

MAR 12 2012

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Cloud C	Grid Networks		
	Name of Limit	ited Liability Company	
The enclosed Articles of O	rganization and fee(s) are	e submitted for filing.	
Please return all correspond	dence concerning this mat	atter to the following:	
Alex Napol	litano	Name of Person	
		Name of Person	
Cloud Grid			
		Firm/Company	
12820 SW	132 Terrace	7812 S	-11
		Address	
Miami, FL 33	186	ALASSA S	FILEU 19
	Cit	ity/State and Zip Code	」 こ
billing@cloud-	-grid.net	بن	<u> </u>
		for future annual report notification)	FO
For further information cor	ncerning this matter, pleas	se call:	•
Alex Napolitano		at (305) 438-7400	
Name of F	Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the	he following amount:		
\$125.00 Filing Fee S	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Sertified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY Alla Marie ARTICLE I - Name: The name of the Limited Liability Company is: Cloud Grid Networks, 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: **Mailing Address: Principal Office Address:** 12820 SW 132 Terrace 12820 SW 132 Terrace Miami, FL 33186 Miami, FL 33186 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.) Effective Date 03/16/12 The name and the Florida street address of the registered agent are: Alex Napolitano Name 12820 SW 132 Terrace Florida street address (P.O. Box NOT acceptable)

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..

City, State, and Zip

FL 33186

Registered Agent's Signature (REQUIRED)

Miami.

(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" = Manager "MGRM" = Managing Member	A STATE OF THE STA
MGR	Alex Napolitano 12820 SW 132 Terrace Miami, FL 33186
(Use attachment if necessary)	
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	e date of filing: 3/16/2012 . (OPTIONAL be specific and cannot be more than five business days
REQUIRED SIGNATURE:	<i>,</i>

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.)

Alex Napolitano

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)