

From: Andrew Davis

Fax: +1 (407) 288-6661

To:

Fax: (1) (850) 617-6383

Page 2

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Division of Corporations

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To:

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Fax Number : (850) 617-6383

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FLORIDA LIMITED LIABILITY CO.  
DEXRAN LLC.

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
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|                   |                   |
| <b>Phone</b>      |                   |
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|                   |                         |
|-------------------|-------------------------|
| <b>From:</b>      | Andrew Davis            |
|                   | Microsoft               |
|                   | 1322 N PINEHILLS ROAD   |
|                   | ORLANDO                 |
|                   | FL 32808                |
|                   |                         |
| <b>Phone</b>      | +1 (407) 268-6561 * 113 |
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**DEXRAN 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:

**5764 N. ORANGE BLOSSOM TRAIL #200  
ORLANDO, FL 32810**

### 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:

**PETER OKAIWELE  
5764 N. ORANGE BLOSSOM TRAIL #200  
ORLANDO, FL 32810**

*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.*



**PETER OKAIWELE / Registered Agent's Signature**

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**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

**PETER OKAIWELE, MGRM**  
**5764 N. ORANGE BLOSSOM TRAIL #200**  
**ORLANDO, FL 32810**

**GREGORY OKAIWELE, MGRM**  
**5764 N. ORANGE BLOSSOM TRAIL #200**  
**ORLANDO, FL 32810**

**MARTIN OKAIWELE, MGRM**  
**5764 N. ORANGE BLOSSOM TRAIL #200**  
**ORLANDO, FL 32810**

**PHILOMENA OKAIWELE, MGRM**  
**5764 N. ORANGE BLOSSOM TRAIL #200**  
**ORLANDO, FL 32810**

**AUGUSTINE OKAIWELE, MGRM**  
**5764 N. ORANGE BLOSSOM TRAIL #200**  
**ORLANDO, FL 32810**

**ARTICLE V: Effective date, if other than the date of filing: 25<sup>TH</sup> June, 2012**  
**(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.)

**PETER OKAIWELE**

\_\_\_\_\_  
Typed or printed name of signee

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