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From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660

Enter the email address for this business entity to be used for fa annual report mailings. Enter only one email address please.*

Email Address: jesquivel@slk-law.com

FLORIDA LIMITED LIABILITY CO.

BlueCloud Networks, LLC

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8/10/2012

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Articles of Organization

of

BlueCloud Networks, LLC

ARTICLE I - Name:

The name of the limited liability company is BlueCloud Networks, LLC.

ARTICLE II - Address:

The street and mailing address of the principal office of the limited liability company is:

15500 Roosevelt Boulevard Suite 101 Clearwater, Florida 33760

ARTICLE III - Management:

The limited liability company is to be managed by a manager or managers. The name of the initial manager is Michael W. Nole.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 4th day of September 2012.

Signature of 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.)

Michael W. Nole

Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is BlueCloud Networks, LLC.
- 2. The name and the Florida street address of the registered agent are:

Michael W. Nole 15500 Roosevelt Boulevard Suite 101 Clearwater, Florida 33760

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 homply with the provisions of all statutes relating to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my praction as registered agent.

Michael W. Nole

Registered Agent