PAGE 1 OF 3

10/10/12

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000246819 3)))



Hf 20002469183ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

; (850) 617-6383

Prom:

Account Name : HUBCO

Account Number: 104662003400 Phone: (516)935-3940 Fax Number: (516)935-3088

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

Email Address: VKNHSoumbaris@fucco.com

PECENTO

FLORIDA LIMITED LIABILITY CO. AEGEA IP Holdings, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$130.00 |

2 OCT 10 AH 7: 16

OCT 1 1 2012

H12000246819

ARTICLES OF ORGANIZATION

| · · · · · · · · · · · · · · · · · · · | OR |
|--|-----------------------------------|
| FLORIDA LIMITED | LIABILITY COMPANY |
| ARTICLE ! - Name | |
| The name of the Limited Liability Company is: AEGEA IP I | foldings, 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: |
| 772 US Highway One, Suite 200 | 772 US Highway One, Suite 200 |
| North Palm Beach, FL 33408 | North Palm Beach, FL 33408 |
| | |
| | |

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are:

| Keith Duffy | |
|--|--|
| · Name | |
| 772 US Highway One, Suite 200 | |
| (P.O. Box or Mail Drop Box NOT Acceptable) | |
| North Palm Beach, FL 33408 | |
| (City / State / 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 - Kelth Duffy

H12000246819

| | ger(s) or Managing Member(s): |
|--|--|
| The name and address of ea | ach Manager or Managing Member is as follows: |
| Title: "MGR" = Manager "MGRM" = Managing Mer | Name and Address: |
| MGRM | Keith Duffy - 772 US Highway One, Suite 200, North Palm Beach, FL 33408 |
| MGRM | Scott Duffy - 772 US Highway One, Suite 200, North Palm Beach, FL 33408 |
| | |
| | |
| (Use attachment if necessar | у) |
| REQUIRED SIGNATUE | Æ: |
| | |
| Sig | gnature of a member or authorized representative of a member. |
| docu | ecordance with section 608.408(3), Florida Statutes, the execution of this ment constitutes an affirmation under the penalties of perjury that the facts d herein are true.) |
| , | Keith Duffy |
| | Typed or printed name of signee |