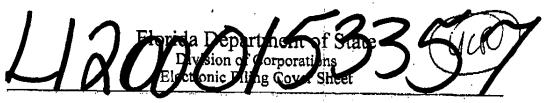
Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES.

Account Number: 075350000353

Phone : (

: (212)431-5000

Fax Number

: (212)431-1441

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

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FLORIDA LIMITED LIABILITY CO. SASS LLC

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December 7, 2012

PLORIDA DEPARTMENT OF STATE Division of Corporations

BLUMBERG / EXCELSIOR

SUBJECT: SASS LLC REF: W12000060818

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L05000037592 " SASS, LLC".

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (\$50), 245,6051.

Deborah Bruce-Ragulatory Specialist II FAX Aud. #: H12000286395 Letter Number: 112A00029006

P.O BOX 6327 - Tallahassee, Florida 32314

SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: SASSD LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office/Mailing Address:

3748 Swallow Tail Trace, Tallahassee, FL 32309

ARTICLE III - Registered Agent

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

> Satyanarayana Degala 3748 Swallow Tail Trace Tailahassee, FL 32309

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, P.S..

Registered Igent's Signature
Satyanarayana Degala

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

Satyanarayana Degala, Manager 3748 Swallow Tali Trace Tallahassee, FL 32309

Satvanarayana Degala, Organizer

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.)