Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
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        Division of Corporations
        Fax Number      : (850)617-6383
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From:
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        Account Name    : LAZARUS CORPORATE FILING SERVICE, INC.
        Account Number  : I20000000019
        Phone           : (305)552-5973
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```

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
TOTAL EWARE INTERNATIONAL, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

TOTAL EWARE INTERNATIONAL, 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:

Principal Office Address: **Mailing Address:**

5442 NW 110 AVE _Same_

DORAL FL
_33178_

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:

FRANCIS S. CALDERA
Name

5442 NW 110 AVE
Florida street address (P.O. Box **NOT** acceptable)

DORAL FL _33178_
City, State, and 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..

Caldera
Registered Agent's Signature (REQUIRED)

(CONTINUED)
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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:

Title:
"MGR" – Manager
"MGRM" = Managing Member

Name and Address:

MGRM

FRANCIS S. CALDERA
6442 NW 110 AVE
DORAL FL 33178

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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:

Caldera

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.)

FRANCIS S. CALDERA

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)

2013 JAN -3 AM 8 21
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

FILED

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