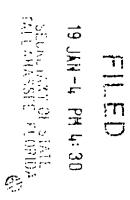
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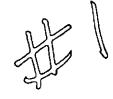


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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724



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Thank you!

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AFT Consolid	lated, LLC				_
(Mu	st contain the words "Limited I	Liability Company, "I	L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and s	street address of the principal o	ffice of the Limited 1.	liability Company is:		
Principal Office Address:			Mailing Address:		
4152 W. Blue	Heron Blvd., Suite 113		W. Blue Heron Blvd	I., Suite 113	_
Riviera Beach	i. FL 33404	Rivier	ra Beach, FL 33404		
			<u>-</u>		_
ARTICLE III - Register	red Agent, Registered Office.	& Registered Agent	's Signature:	2 Political va	
(The Limited Liability Co	ompany cannot serve as its own with an active Florida registratio	Registered Agent, Yi m.)	ou must designate at	i individual or	
•	-			23	
•	street address of the registered	l agent are:		Tall of the	19
•	-	ly		TALL SHA	<u></u>
•	street address of the registered			ALI AHASS	c
•	street address of the registered	Name		ALL SHASSET	JAN-1
•	Achyut Kumar Allad	Name	ceptable)	ALLAHASSET TI	JAN-1
·	Achyut Kumar Allad	Name Blvd., Suite 113	ceptable)	ALL SHASSET FLORI	JAN-1
·	Achyut Kumar Allad Achyut Kumar Allad 4152 W. Blue Heron Florida street addres	Name Blvd., Suite 113 s (P.O. Box <u>NOT</u> acc		ALL SHASSET TLOUDA	JAN
The name and the Florida Having been named as rev	Achyut Kumar Allad Achyut Kumar Allad 4152 W. Blue Heron Florida street addres Riviera Beach City	Name Blvd., Suite 113 s (P.O. Box <u>NOT</u> acc Florida State	33404 Zip above stated limited	ALL SHASSET FLORIDA liability company	JAN -4 PH 4:30 m
The name and the Florida Having been named as reg	Achyut Kumar Allad Achyut Kumar Allad 4152 W. Blue Heron Florida street addres Riviera Beach City istered agent and to accept servetificate. Thereby accept the app	Name Blvd., Suite 113 s (P.O. Box <u>NOT</u> acc Florida State ice of process for the expiniment as registered	33404 Zip above stated limited a d agent and agree to	act in this capac	JAN-4 PH 4:30 le in:
The name and the Florida Having been named as reg place designated in this cer further agree to comply with	Achyut Kumar Allad Achyut Kumar Allad 4152 W. Blue Heron Florida street addres Riviera Beach City istered agent and to accept servetificate, I hereby accept the appoint the provisions of all statutes r	Name Blvd., Suite 113 s (P.O. Box <u>NOT</u> acc Florida State ice of process for the continent as registered elating to the proper of	33404 Zip above stated limited dagent and agree to and complete perform	act in this capac nance of my dutic	JAN-4 PH 4:30 le in:
The name and the Florida Having been named as reg place designated in this cer further agree to comply with	Achyut Kumar Allad Achyut Kumar Allad 4152 W. Blue Heron Florida street addres Riviera Beach City istered agent and to accept servetificate. Thereby accept the app	Name Blvd., Suite 113 s (P.O. Box <u>NOT</u> acc Florida State ice of process for the continent as registered elating to the proper of	33404 Zip above stated limited dagent and agree to and complete perform	act in this capac nance of my dutic	JAN-4 PH 4:30 le in:
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(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Constant and the Constant of t
AMBR	Smart Infrastructure, LLC 4152 W. Blue Heron Blvd., Suite 112
	Riviera Beach, Ft. 33404
	Kivicia Deach, 1 C. 33404
(Use attachment if necessary)	
date of filing.) ote: If the date inserted in this block does not document's effective date on the Departm TICLE VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not be listed a tent of State's records. $\frac{E^3}{E} = \frac{E^3}{E}$
	28.5 <u>C.</u>
	: 中点:
REQUIRED SIGNATURE:	
	Hound:
This document is ex I am aware that any	member or an authorized representative of a member accurate in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in \$.817.155, F.S.
Achyut Kum	ar Allady
<u> </u>	Typed or printed name of signee
	,
	Filing Fees:
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\$ 30.00 Certified Copy (Option:	
\$ 5.00 Certificate of Status (Op	Mional)