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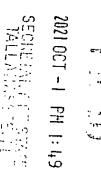
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

New Filing Section Division of Corporations

Next Fidenza Technologies LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven Simon

Name of Person

Next Fidenza Technologies LLC

Firm/Company

2188 Campus Drive

Address

Clearwater 33764

City/State and Zip Code

steven@nextfidenzatrading.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Simon

Name of Person

Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

Certificate of Status &

Certified Copy

ž.

(additional copy is enclosed)

\$2\$160.00 Filing Fee.

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

А	КI	16 1	l H. 1	-	Nan	m.

The name of the Limited Liability Company is:

Next Fidenza Technologies LLC

(Must contain 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:	<u>Mailing Address:</u>	
2188 Campus Drive	2188 Campus Drive	
Clearwater Florida	Clearwater Florida 33764	

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:

Northwest Regis	stered Age	ent LLC
N.	ame	
7901 4th S	t N STE	E 300
Florida street address (P	O. Box <u>NOT</u> a	cceptable)
St. Petersburg	FL	33702
City	State	Zin

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(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	
Manager	
Manager	
Member	Steven Simon
	2188 Campus Frive
	Clearwater FL 33764
Member	Julian De Los Santos
	790: 4th St N STE 300
	St. Petersburg FL 33702
(Use attachment if necessary) ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be s the date of filing.)	e of filing:
	meet the applicable statutory filing requirements, this date will not be listed as t of State's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
Signature of a m This document is execu I am aware that any fals	member or an authorized representative of a member, atted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.

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)