Division of Corporations Electronic Filing Cover Sheet

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(((H240003982023)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

**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. ASCEND TECHNOLOGIES LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LAZARUS CORPORATE

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LLC," or TLC")

Ascend Technologies LLC

ARTICLE II - Address:

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

2627 NE 203RD STREET

Ste 202A

∴AVENTURA, FL 33180

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (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.)

GABRIEL T RUZ, JR.

2627 NE 203RD STREET SUITE 202A

, AVENTURA, FL 33180

ARTICLE IV-

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

GABRIEL T RUZ, JR -(MGR)

72627 NE 203RD STREET SUITE 202A

!AVENTURA, FL 33180

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605:0203 (1) (b), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true constitutes an affirmation under the penalties of perjury that the laces states and fill the laces at a fill and false information submitted in a document to the Department of State and a searce that any false information submitted in a document to the Department of State and a searce that any false information submitted in a document to the Department of State and State an

GABRIEL T RUZ JR

Typed or printed name of signee.

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..

> Gabriel T Ruz Registered Agent's Signature (REQUIRED)