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To: Division of Corporations  
Fax Number : (850) 922-4003

From: Account Name : BERMAN WOLFE & RENNERT, P.A.  
Account Number : 076103002011  
Phone : (305) 577-4166  
Fax Number : (305) 373-6036

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LIMITED LIABILITY COMPANY

TECHNOFORD, LLC

Certificate of Status	1
Certified Copy	0
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Name \_\_\_\_\_  
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Title \_\_\_\_\_  
W. P. \_\_\_\_\_

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**ARTICLES OF ORGANIZATION  
OF  
TECHNOFORD, LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I - Name**

The name of the Limited Liability Company is: **TECHNOFORD, LLC**

**ARTICLE II - Address**

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

11900 Biscayne Boulevard, Suite 802  
Miami, Florida 33181

**ARTICLE III - Registered Agent/Office**

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

Berman Wolfe Rennert Vogel & Mandler, P.A.  
NationsBank Tower, Suite 3500  
100 Southeast Second Street  
Miami, Florida 33131  
Attn: Leon J. Wolfe, Esq.

*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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 608, F.S.*

**BERMAN WOLFE RENNERT VOGEL & MANDLER, P.A.**

By:   
Name: Leon J. Wolfe, Vice President

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