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From:  
Account Name : GUTTENMACHER & BOHATCH, P.A.  
Account Number : I19990000159  
Phone : (305) 442-4911  
Fax Number : (305) 442-0911

**LIMITED LIABILITY COMPANY**

**WIRES@WORK, L.L.C.**

L-10700

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|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
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**Articles of Organization  
for  
WIRES@WORK, L.L.C.  
a Florida Limited Liability Company**

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute 608 entitled the Florida Limited Liability Company Act, do hereby adopt the following Articles of Organization for such company:

**ARTICLE I.**

**Name.** The name of this Limited Liability Company is: WIRES@WORK, L.L.C.

**ARTICLE II.**

**Address.** The mailing address is 100 Almeria Avenue, Suite 230, Coral Gables, Florida 33134. The street address is 100 Almeria Avenue, Suite 230, Coral Gables, Florida 33134.

**ARTICLE III.**

**Registered Agent and Office.** The name and street address of the initial registered agent and office for this company is as follows:

JOHN S. BOHATCH, ESQ.  
2600 DOUGLAS ROAD, PENTHOUSE 8  
CORAL GABLES, FLORIDA 33134

Having been named as Registered Agent and to accept service of process for the above stated limited liability company, 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..

\_\_\_\_\_  
JOHN S. BOHATCH, Registered Agent

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This Instrument Prepared by:  
John S. Bohatch, Esq.  
Guttenmacher & Bohatch, P.A.  
2600 Douglas Road, PH8  
Coral Gables FL 33134  
(305) 442-4911

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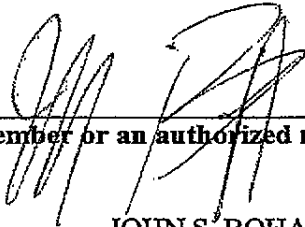
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**ARTICLE IV.**

**Management of Company.** The company is to be managed by one manager. The name and address of the manager who is to serve until the first annual meeting of Members or until their successors are elected and qualify :

*Name**Address*

Manuel Schiappa Pietra

100 Almeria Avenue, Suite 230  
Coral Gables, Florida 33134  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

JOHN S. BOHATCH

(type or print name of signee)

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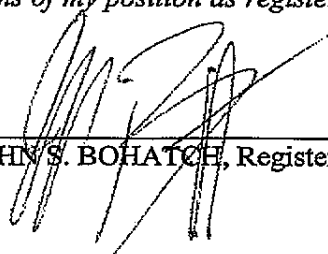
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: WIRES@WORK, L.L.C..
2. The name and the Florida street address of the registered agent and office are:

JOHN S. BOHATCH  
2600 DOUGLAS ROAD, PH8  
CORAL GABLES, FLORIDA 33134

*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 in Chapter 608F.S.*

  
\_\_\_\_\_  
JOHN S. BOHATCH, Registered Agent

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