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To: Division of Corporations
Fax Number : (850) 205-0383
EFFECTIVE DATE
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From: Account Name : ARLENE F. AUSTIN, P.A.
Account Number : I20000000066
Phone : (941) 514-8211
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RECEIVED
01 MAY - 2 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

Access Solutions Unlimited, LLC

FILED
2001 MAY - 2 PM 3:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Certificate of Status	1
Certified Copy	1
Page Count	01
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**ARTICLES OF ORGANIZATION OF ACCESS SOLUTIONS UNLIMITED, LLC
A LIMITED LIABILITY COMPANY**

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

ARTICLE I -- Name:

The name of the Limited Liability Company is: ACCESS SOLUTIONS UNLIMITED, LLC.

ARTICLE II -- Address:

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

4356 Mistlethrush Lane
Naples, FL 34119

ARTICLE III -- Duration & Purpose:

The period of duration for the Limited Liability Company shall be perpetual. It shall be operated for the purpose of operating and managing a consulting business and shall be permitted to engage in the transaction of any and all business activities permitted under the laws of Florida and the United States of America.

ARTICLE IV -- Management:

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

Russell H. DeJonge
4356 Mistlethrush Lane
Naples, FL 34119

Wendy DeJonge
4356 Mistlethrush Lane
Naples, FL 34119

ARTICLE V -- Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be by consent of a majority of the members.

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ARTICLE VI — Members' Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be by consent of a majority of the members.

ARTICLE VII — Effective Date

The term of this company shall be effective on May 1, 2001.

ARTICLE VIII - Resident Agent

The name of the initial registered agent and the Florida street address of the registered agent and office shall be:

Ariene F. Austin
5811 Pelican Bay Blvd., Suite 201
Naples, FL 34108

ARTICLE IX — Organizer

The name and address of the organizer are:

Wendy DeJonge
4356 Mistlethrush Lane
Naples, FL 34119

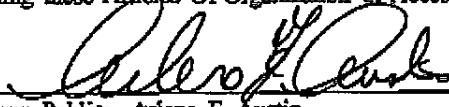
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IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization and acknowledged them to be her act on May 2, 2001.


Wendy DeJonge, Member

State of Florida
County of Collier

On May 2, 2001, Wendy DeJonge, who is personally known to me [XX], or has produced a Florida driver's license as identification [], personally appeared before me at the time of notarization, and acknowledged signing these Articles Of Organization of Access Solutions Unlimited, LLC, a Florida Limited Liability Company.


Notary Public: Ariene F. Austin

Commission Expiration Date & Commission Number:

(SEAL)



Ariene F. Austin
Commission # CG 861228
Expires Aug. 3, 2003
Bonded Thru
Atlantic Bonding Co., Inc.

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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: ACCESS SOLUTIONS UNLIMITED, LLC.
- 2. The name and the Florida street address of the registered agent and registered office are:

Arlene F. Austin
5811 Pelican Bay Blvd., Suite 201
Naples, FL 34108

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.



Arlene F. Austin
Registered Agent

State of Florida
County of Collier

On May 2, 2001, Arlene F. Austin, designated above as the individual who shall serve as the company's initial registered agent, who is personally known to me [XX], or produced a Florida driver's license as identification, personally appeared before me at the time of notarization, and acknowledged signing these Articles of Organization of Access Solutions Unlimited, LLC, as resident agent.



Notary Public

Donna Virga

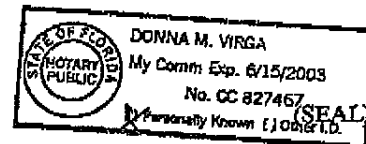
(Notary Public - Printed Or Typed Name)

Commission Expiration Date & Commission Number:

Florida Driver's License

Identification

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