

CT CORPORATION

CORPORATION(S) NAME

**L02000005676**

Castilla Consulting, LLC

02 MAR 11 PM 12:17 RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301  
MAR 11 12

APPROVED  
AND  
FILED

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|--|---|---|
| <input type="checkbox"/> Profit                    | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit                 |   |   |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
|  | <input type="checkbox"/> Reinstatement          |   |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> LLC            | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> Change of RA       |
|  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                  |   |   |

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
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 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

3/11/02

Order#: 5185902

kf

Ref#: \_\_\_\_\_

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-03/11/02--01036--001

Amount: \$ \*\*\*\*\*125.00 \*\*\*\*\*125.00

700005080007--0

-03/11/02--01036--002

\*\*\*\*\*30.00 \*\*\*\*\*30.00

660 East Jefferson Street  
 Tallahassee, FL 32301  
 Tel. 850 222 1092  
 Fax 850 222 7615

*UB*  
*3-11-02*

**ARTICLES OF ORGANIZATION  
OF  
CASTILLA CONSULTING, LLC**

The undersigned person, acting as an authorized representative of a member of a limited liability company, pursuant to the Florida Limited Liability Company Act, hereby executes and files the following articles of organization.

**Article One:** The name of the limited liability company is:

Castilla Consulting, LLC

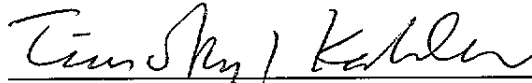
**Article Two:** The mailing address of the limited liability company is: 2429 Castilla Island, Fort Lauderdale, Florida 33301; and the street address of the limited liability company is: 2429 Castilla Island, Fort Lauderdale, Florida 33301.

**Article Three:** The name of the limited liability company's initial registered agent for service of process in Florida is: CT Corporation System; and the street address of that initial registered agent is: 1200 South Pine Island Road, Plantation, Florida 33324.

**Article Four:** The limited liability company is to be a manager-managed company.

**Article Five:** Subject to such standards and restrictions, if any, as are set forth in its limited liability company operating agreement, the limited liability company may, and shall have the power to, indemnify and hold harmless any member or manager or other person from and against any and all claims and demands whatsoever.

*In Witness Whereof*, the undersigned executes these articles of organization of Castilla Consultants, LLC this sixth day of March 2002.

  
\_\_\_\_\_  
Timothy I. Kahler,  
Authorized Representative

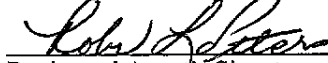
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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 608, F.S.*

CT Corporation System

  
\_\_\_\_\_  
Registered Agent's Signature