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To: Division of Corporations  
 Fax Number : (850)205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.  
 Account Number : 071001002335  
 Phone : (305)599-0839  
 Fax Number : (305)716-0345

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**LIMITED LIABILITY COMPANY  
CONTRACT AUDIT & MANAGEMENT SERVICES LIMITED, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

**W02-33273  
J. BRYAN NOV 22 2002**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

November 22, 2002

FAS-T CORP. AGENTS, INC.

SUBJECT: CONTRACT AUDIT & MANAGEMENT SERVICES LIMITED, LLC  
REF: W02000033273

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity cannot include "Limited." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

FAX Aud. #: H02000229320  
Letter Number: 302A00063104

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

*CONTRACT Audit & MANAGEMENT SERVICES, LLC.*

**ARTICLE II - Address:**

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

*1717 N. BAYSHORE DR. Suite 102, MIAMI, FLA 33132*

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

*DENNIS R. REDARD*  
Name

*1717 N. BAYSHORE DR. Suite 102*  
Florida street address (P.O. Box NOT acceptable)

*MIAMI FLA 33132*  
City, State, and Zip

*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.*

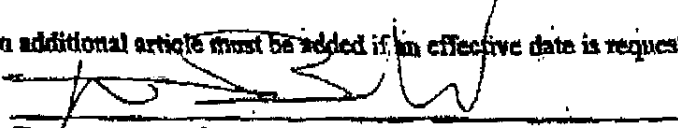
*[Signature]*  
Registered Agent's Signature

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**Article IV. - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DENNIS A. BEDARD

Typed or printed name of signer

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