

FROM

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(TUE 10. 25 05 1:40/S 16:30/NOV 86533923 1)

Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : FOLEY & LARDNER OF TAMPA
Account Number : 071344001620
Phone : (813) 229-2300
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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

Universal Nighthawk Services, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
OF
UNIVERSAL NIGHTHAWK SERVICES, LLC

ARTICLE I - Name. The name of this limited liability company is Universal Nighthawk Services, LLC (the "Company"), and it shall be formed as a limited liability company under Chapter 608 of the laws of the State of Florida.

ARTICLE II - Address. The mailing address and street address of the principal office of the Company is:

Principal Office Address:

1435 S. Osprey Ave., Suite 201
Sarasota, Florida 34239

Mailing Address:

P.O. Box 25428
Sarasota, Florida 34277

ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature. The name and the Florida street address of the initial registered agent of the Company are:

Name: F&L Corp.

Address: One Independent Drive
Suite 1300
Jacksonville, Florida 32202.

Having been named Registered Agent and designated to accept service of process for the above stated limited liability company, at the place designated herein, 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 relative to the proper and complete performance of such duties, and is familiar with and accepts the obligations of the position of registered agent as provided for in Chapter 608, Florida Statutes.

F&L CORP.

By: David L. Robbins

Name: David L. Robbins

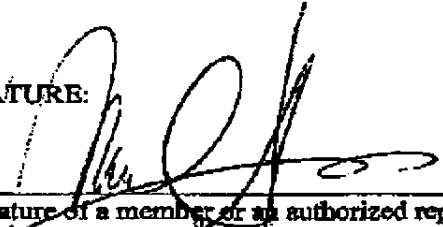
Title: Vice President

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ARTICLE IV – Management of the Company: The Company shall be managed by managers in accordance with the Operating Agreement of the Company and is, therefore, a manager-managed company.

REQUIRED SIGNATURE:


(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).

Marcel Srur, MD
(Typed or Printed Name of Signer)

FILING FEES:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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