

DEC-15-05 04:32PM FROM

T-15 P.01702 F-385

LO5000119619

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000286427 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

*AKERMAN, SENTERFITT & EIDSON, P.A.*  
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
Account Number : 075471001363  
Phone : (305) 374-5600  
Fax Number : (305) 374-5095

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 DEC 15 AM 8:20

FILED

RECEIVED

05 DEC 15 AM 7:45

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

SERVICE MIDATLANTIC, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

3840-163/0

Electronic Filing Menu

Corporate Filing

Public Access Help

(H05000286427)

**ARTICLES OF ORGANIZATION  
OF  
SERVICE MIDATLANTIC, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **Service MidAtlantic, LLC**

**ARTICLE II: - Address**

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

401 E. Las Olas Boulevard  
Suite 1140  
Fort Lauderdale, Florida 33301

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

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

American Information Services, Inc.  
One Southeast Third Avenue, 28<sup>th</sup> Fl  
Miami, Florida 33131

*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.*

American Information Services, Inc.

By: *Nery Q. Toledo*, *Asst. Sec.*  
Nery Q. Toledo, Assistant Secretary  
Registered Agent

*Grace Laba*  
Grace Laba, Esq.  
Authorized Representative of a Member

Signed and dated this 15 day of December, 2005.

FILED  
05 DEC 15 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA