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

From: *James C. Phelps, Legal Assist.*
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

LIMITED LIABILITY COMPANY SERVICE TAMPA, LLC

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

38410-163165

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**ARTICLES OF ORGANIZATION
OF
SERVICE TAMPA, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is: **Service Tampa, 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, 28th 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 C. Toledo, Assistant Secretary*
Nery C. Toledo, Assistant Secretary
Registered Agent

Thomas C. Byrne

Thomas C. Byrne
Authorized Representative of a Member

Signed and dated this 17th day of February, 2005.

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2005 Feb 17 11:00 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA