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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

FLORIDA/FOREIGN LIMITED LIABILITY CO.

S.P.S.C. INTERNATIONAL L.L.C.

Certificate of Status	0
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M. THOMAS

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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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In compliance with Chapter 608, F.S.

The name of the Limited Liability Company is:

The street address of the Limited Liability Company is:

The mailing address of the Limited Liability Company is:

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

A1A REGISTERED AGENT INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FLORIDA 33411

Having been named as registered agent to accept service of process on the above stated limited liability company at the place designated in the 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.

A1A REGISTERED AGENT INC. / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

THOMAS LASALLE

PO BOX 112215

NAPLES, FLORIDA 34108

MANAGING MEMBER

KARINA PHILLIPS

PO BOX 112215

NAPLES, FLORIDA 34108

.....

x Thomas P. Lasalle

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.

THOMAS LASALLE

SECRETARY OF STATE
TALLAHASSEE
FLORIDA

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