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CSC

THE UNITED STATES

CORPORATION

COMPANY

ACCOUNT NO. : 072100000032

REFERENCE: 566944 7203565

AUTHORIZATION:

COST LIMIT : \$ 125.00

ORDER DATE: January 27, 2000

ORDER TIME : 11:53 AM

ORDER NO. : 566944-005

CUSTOMER NO: 5203565

900003128199--2

CUSTOMER: Mr. Stefan T. Davis

MR. STĒFAN T. DAVIS MR. STĒFAN T. DAVIS

Pmb 375

931 Village Blvd., Suite 905 West Palm Beach, FL 33409

DOMESTIC FILING

NAME:

CONTROL SYSTEMS SOLUTIONS LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION ______
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED_COPY

XX ____ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Erika Carlson

EXAMINER'S INITIALS:

\$800



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	EI-	Name:
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The name of the Limited Liability Company is:

CONTROL SYSTEMS SOLUTIONS LLC

ARTICLE II - Address:

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

931 VILLAGE BOULEVARD, SUITE 905, WEST PALM BEACH, FLORIDA

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

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

,75° ————————————————————————————————————	CORPORATION SERVICE COMPANY		
44	Name		
	1201 HAYS STREET		
_Flo	Florida street address (P.O. Box NOT acceptable)		
	TALLAHASSEE FL 32301		
=	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..

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.)

> LAURA R. DUNLAP Typed or printed name of signee

> > 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)

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Corporation ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of CONTROL SYSTEMS SOLUTIONS LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Plorida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein by CSC without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this

Sth day of January, 2000.

WITNESS

Patricia Ortiman

TYPED OR PRINTED NAME

NITNESS

NITNESS

TYPED OR PRINTED MANE

TYPED OR PRINTED NAME

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