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P. 01

Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : FIELDSTONE LESTER SHEAR & DENBERG
Account Number : I19990000180
Phone : (305) 982-1555
Fax Number : (305) 982-1550

LIMITED LIABILITY COMPANY

TELEFORCE, L.L.C.

RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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TALLAHASSEE, FLORIDA

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from 9549814321 to 305 982 1565

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TeleForce, L.L.C.

ARTICLE II - Address:

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

3330 N. University Drive
Sunrise, FL 33351

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

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

Marta Lederman Rub

Name

4000 Hollywood Boulevard, Suite 755 SOUTH

Florida street address (P.O. Box NOT acceptable)

Hollywood, FL 33021

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.

[Signature]
Registered Agent's Signature

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]
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.)

SANDY PAPUNEN

Typed or printed name of signer

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

TeleForce, L.L.C.

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

Marta Lederman Rub

Name

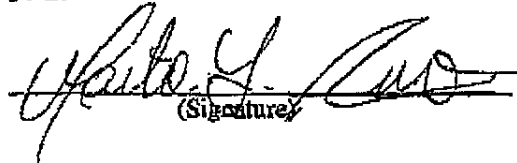
4000 Hollywood Boulevard, Suite 755, SOUTH

Florida street address (P.O. Box NOT acceptable)

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(Signature)

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STATE
OF FLORIDA
DIVISION OF CORPORATIONS