

Division of Corporations

Page 1 of 2

**L010000006489**

Florida Department of State  
 Division of Corporations  
 Public Access System  
 Katherine Harris, Secretary of State

## 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.

(((H01000048619 0)))

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:

Account Name : COURT ACCESS CENTERS OF AMERICA  
 Account Number : 075350000541  
 Phone : (813)875-1333  
 Fax Number : (813)875-2703

**AL1****LIMITED LIABILITY COMPANY****Re/liant Group LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

01 APR 26 PM 3:39

FILED

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

01 APR 26 PM 2:04

RECEIVED

Audit # H01000048619  
**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name and Address**

The name of this Limited Liability Company is:

**RE/liant Group LLC**

The mailing address and street address of the Limited Liability Company are :

**2230 N Lois Ave., Suite 704  
Tampa, FL 33607**

**ARTICLE II**

**Term of Existence**

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

**ARTICLE III**

**Purpose and Powers**

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

**ARTICLE IV**

**Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

\_\_\_\_\_  
This form was prepared with the assistance  
of CourtAccess Centers of America, Inc., a  
non-lawyer located at 3249 W Cypress St.,  
Suite C, Tampa, FL 33607, (813)-875-1333.

FILED  
01 APR 26 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Audit # H01000048619

**ARTICLE V**  
**Initial Registered Office and Agent**

The street address of the initial registered office of this Limited Liability Company is:

**2230 N Lois Ave., Suite 704  
Tampa, FL 33607**

and the name of its registered agent at such address is:

**Robert L. Hayes II**

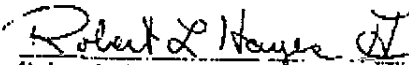
**ARTICLE VI**  
**Management**

This Limited Liability Company shall have One manager(s), and is therefore, a manager-managed Company. The name and address of the manager(s) are:

**Name and Address**

**Robert L. Hayes II  
2230 N Lois Ave., Suite 704  
Tampa, FL 33607**

Dated: Thursday, April 26, 2001

  
Robert L. Hayes II

FILED  
01 APR 26 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Audit # H01000048619

**ACCEPTANCE BY REGISTERED AGENT**

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

Date: April 26, 2001

*Robert L. Hayes II*  
Robert L. Hayes II

FILED  
01 APR 26 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA