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ACCOUNT NO. : 072100000032

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CONTACT PERSON: Darlene Ward - EXT. 1135

XX_____ PLAIN STAMPED COPY

REFERENCE: 137287 7270447

AUTHO	RIZATION: Tatricia	- Tagata	
co	ST LIMIT : \$ 125.00	00	
ORDER DATE : Ma	y 2, 2001	_	
ORDER TIME : 12	:11 PM	_	No. of the second
ORDER NO. = 13	7287-001		SUFFICIAL SUFFICIAL
CUSTOMER NO:	7270447	-	W 30
CUSTOMER: Mr. P	eter W. Rung eter W. Rung	•	PART PART OF THE P
5408	Avenue Simone	₹	3: 12 3: 12
Lutz,	FL 33549		
	DOMESTIC FILING		
NAME:	ADAPTIVE BUSINESS (CONSULTING -	
•	EFFECTIVE DATE:	60000)43349863
vv horici.ec	OF OPCINITATION		

EXAMINER'S INITIALS:

MAY 30 PM 3: 21

RETARY OF STATE AHASSET CORID

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADAPTIVE BUSINESS CONSULTING LLC

ARTICLE II - Address:

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

5408 Avenue Simone, Lutz, Florida 33549

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

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

Corporation Service Company	
Name	
1201 Hays Street	
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..

Corporation Service Company Agret Coleman Registered Agent's Signature

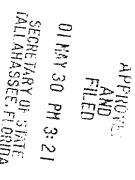
Lynette Coleman as its agent

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.

	of a member or an authorized representative of a membe
of this doc	ance with section 608.408(3), Florida Statutes, the executio ument constitutes an affirmation under the penalties of perjustated herein are true.)
	Lynette R. Coleman
	Typed or printed name of signee

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)



MANAGER OF ADAPTIVE BUSINESS CONSULTING LLC

Peter Rung Manager 5408 Avenue Simone Lutz, Florida 33549

ECRETARY OF STATE

AND

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("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 ADAPTIVE BUSINESS CONSULTING 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 Florida 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 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 2 day of Max

Signature

Print Name of Signer

WITNESS:

Print Name of Witness