Sent By: FROFE SIONAL OFFICES;

Division of Corporations

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Jun-6-01 6:03PM;

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Florida Department of State

Division of Corporations

Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : JOHNNY TSIMOGIANNIS

Account Number : I19990000261

Phone : (305)444-2445

Fax Number

: (305)444-2446

LIMITED LIABILITY COMPANY

PAYSOURCE1 LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

Fax Audit H01000071948 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: NAME

The name of the Limited Liability Company is PaySource1 LLC

ARTICLE II: ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company, with the privilege of having branch offices at any other place within the State and without the State is:

770 Ponce de Leon Blvd., Suite 209 Coral Gables, Florida 33134

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

Johnny Tsimoglannis 770 Ponce de Leon Blvd, Suite 209 Coral Gables, Florida 33134

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 statues 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, Florida Statutes.

Johnny Tsikidallahnis Registered Agent

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, manager – managed company.

ARTICLE V: EFFECTIVE DATE

These Articles of Organization shall be effective June 6, 2001, or the earliest date deemed acceptable upon the approval of the Secretary of State, State of Florida.

ignature of A Nable an Authorized Representative of a Member

ohnny Tsilmogianhis, Managing 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.