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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**LIMITED LIABILITY COMPANY**

**DIRECT CONNECT, LLC**

Certificate of Status	0
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I. NAME

The name of the Limited Liability Company is: Direct Connect, LLC.

### ARTICLE II. ADDRESS

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

1525 N.W. 167<sup>th</sup> Street, Suite 200  
Miami, Florida 33169

### ARTICLE III. REGISTERED AGENT

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

Leon R. Margules  
Auto Nation Tower  
110 S.E. 6<sup>th</sup> Street, Suite 1970  
Fort Lauderdale, Fl. 33301

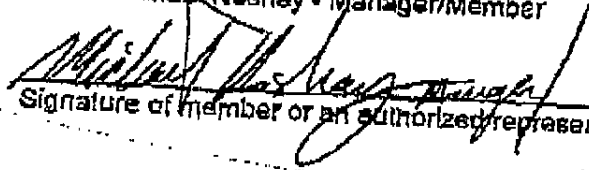
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

  
Registered Agent's Signature

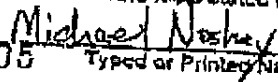
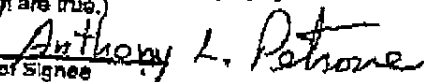
### ARTICLE IV (Management)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company. The managers are:

1. Anthony L. Petrone - Manager/Member
2. Michael Noshay - Manager/Member

  
Signature of 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.)

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Michael Noshay  
  
Anthony L. Petrone  
Typed or Printed Name of Signee

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