

CORP DIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

**L0100 001 7912**

CONTACT: CINDY HICKS

DATE: 10-18-01

REF. #: 000242.2679 700004641047--1  
-10/18/01--01009--017  
\*\*\*155.00 \*\*\*155.00

CORP. NAME: Corporation Associates, LLC

- |                                                      |                                                 |                                                       |
|------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                        |
| <input type="checkbox"/> OTHER: _____                |                                                 |                                                       |

STATE FEES PREPAID WITH CHECK# 500419 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |                                                |                                                       |                                             |
|------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |                                                       |                                             |

Examiner's Initials

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
OCT 18 10 10 45

01 OCT 19 0411:25  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

10-18-01

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME**

The name of the Limited Liability Company is: **CORPORATION ASSOCIATES, LLC.**

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 2155 North State Road 7, Margate, Florida 33063-5713.

**ARTICLE III - MANAGEMENT**

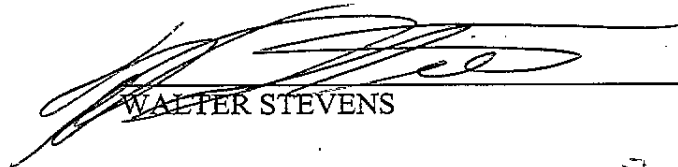
The Limited Liability Company is to be managed by a member, and the name and address of the managing member is:

Walter Stevens  
2155 North State Road 7  
Margate, Florida 33063-5713

**ARTICLE IV - REGISTERED AGENT AND OFFICE**

The name of the company's registered agent is J. PATRICK DYAL, and the address of the registered office is 2155 North State Road 7, Margate, Florida 33063-5713. The Consent to Appointment as Registered Agent is included with these Articles.

DATED this 15 day of OCTOBER, 2001.

  
WALTER STEVENS

01 OCT 16 2001  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## CONSENT TO APPOINTMENT AS 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.

  
J. PATRICK DYAL

Date: 10/15/01

APPROVED  
ASST  
SECRET  
OCT 18 2001  
STATE  
TALLAHASSEE, FLORIDA