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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
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## From:

Account Name : PETER SAVARESE, P.A.  
Account Number : I20010000068  
Phone : (561)745-8391  
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DIVISION OF CORPORATIONS

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## LIMITED LIABILITY COMPANY

NextCen Group, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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

**Article I - Name:**

The name of the Limited Liability Company is:

NextCen Group, LLC

**Article II - Address:**

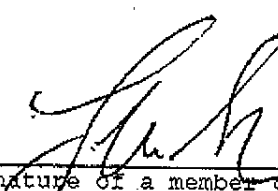
The mailing address and street address of the principal office of the Limited Liability Company is:

10100 West Sample Road  
Suite 311  
Coral Springs, FL 33065

**Article III - Registered Agent**

The name and address of the registered agent and office is:

Lawrence Sands  
10100 West Sample Road  
Suite 311  
Coral Springs, FL 33065

  
Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 FEB 18

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE  
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN  
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is NextCen Group, LLC.
2. The name and street address of the registered agent and office is:

Lawrence Sands  
10100 West Sample Road  
Suite 311  
Coral Springs, FL 33065

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 am familiar with and accept the obligations of my position  
as registered agent.

  
Signature

2/15/02  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 FEB 19