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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 : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

**LIMITED LIABILITY COMPANY
POSITIVE OUTPUT OF MIAMI, L.L.C.**

Certificate of Status	0
Certified Copy	1
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02 MAY -3 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TB

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I:

The name of the Limited Liability Company is:

POSITIVE OUTPUT OF MIAMI, L. L.C.

ARTICLE II-ADDRESS:

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

**100 ALMERIA AVENUE
SUITE 210
CORAL GABLES, FL 33134**

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

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

OMAR RODRIGUEZ

Name

100 ALMERIA AVENUE, SUITE 210

Florida street address (P.O. Box not acceptable)

CORAL GABLES, FL 33134

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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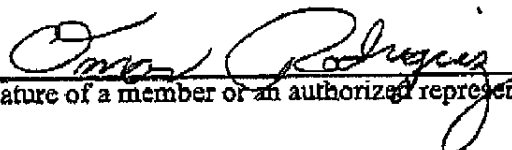
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all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

(An additional article must be added if an effective date is requested)


Signature of a 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.)

OMAR RODRIGUEZ
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V – Managing Members

Omar Rodriguez
100 Almeria Avenue
Suite 210
Coral Gables, FL 33134


Signature

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