

L020000011772

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

From: *Diana M. Guerra, Legal Assistant*
Account Name : AKERMAN, SENTERPITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

LIMITED LIABILITY COMPANY
PREPAID, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

02 MAY 15 PM 1:24
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA 02 MAY 15 PM 1:10
DIVISION OF CORPORATION

FAX AUDIT No. H02000139058 0

**ARTICLES OF ORGANIZATION
FOR
PREPAID, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is: **PREPAID, LLC**

ARTICLE II - Address:

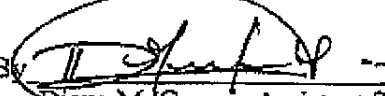
The mailing address and street address of the principal office of the Limited Liability Company is: 815 N.W. 57th Avenue, Suite 305, Miami, Florida 33126

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

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

American Information Services, Inc. ✓ 127184
One S.E. 3rd Avenue
28th Floor
Miami, FL 33131

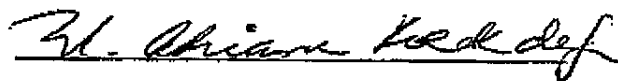
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all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

By 
Diana M. Guerra, Assistant Secretary
Registered Agent's Signature

ARTICLE IV - Management

The Limited Liability Company is a manager - managed company.

Signed and dated this 15 day of May, 2002.



Adriana Koeck De Schmidt

Authorized representative of a member

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AND
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