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OFFICE_USE ONLY(DOCUMENT#) LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Pick up time 2-00 Walk in Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENUMENTS ****155.00 ****155.00 Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION OTHER FLINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

Examiner's Initials

FILED

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Article I - Name:

The name of the Limited Liability Company is:

TELEINFORMATION CENTER L.L.C.

Article II - Address:

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

4607 S. University Dr. Fort Lauderdale , FL. 33328

02 SEP 24 PM 1: 29
SECRETARY OF STATE
TALLAHASSEE, FLORID

Article III - Registered Agent, Registered Office, & Registered Agent's Signature, The name and the Florida street address of the registered agent are:

Hector Fer	nando Gonzalez
	Name
4607 S.	University Dr.
Florida street addr	ess (Box <u>NOT</u> acceptable)
Fort Laude	erdale , FL. 33328
City, S	State, and Zip

Having been named as registered agent and 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...

Re	gistered Agent's Signature		1 .3 : _
Article IV – Management (Chemanagers and Liability Comanagers and is, therefore, and Hector Fernando Gonzalez MANAGER 4607 S. University Dr. Fort Lauderdale, FL. 33328	Minany is to be managed by	02 SEP 24 PM 1: 29	FILED
(An additional article m	oust be added if an effective date is requested)		

09/19/2002

Signature of a member or as 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)

Hector Fernando Gonzalez

Typed or printed name of signer