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ACCOUNT NO.: 07210000032	
REFERENCE: 756611 7351523	
AUTHORIZATION:	
COST LIMIT: \$ 125.00 921 FLUC	
ORDER DATE: September 24, 2002	
ORDER TIME: 10:03 AM	1
ORDER NO. : 756611-001	
CUSTOMER NO: 7351523 400008077494	7
CUSTOMER: Mr. Johnny Brown Mr. Johnny Brown	
12845 Quailbrook Dr.	
Jacksonville, FL 32224	-
DOMESTIC FILING	
NAME: INTEGRATED SOLUTIONS PROFESSIONALS, LLC	-
EFFECTIVE DATE:	
ARTICLES OF INCORPORATIONCERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Susie Knight - EXT. 1156	
CONTACT PERSON: Susie Knight - EXT. 1156 EXAMINER'S INITIALS:	-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTEGRATED SOLUTIONS PROFESSIONALS, LLC

ARTICLE II - Address:

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

12845 QUAILBROOK DRIVE, JACKSONVILLE, FLORIDA 32224

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

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

Corporation S	ervice C	ompany	
Nam	e	•	
1201 Ha	ys Street	:	
Florida street address (P.O. Box NOT acceptable)			
Tallahassee	FL	32301	
City, State,	and Zip		

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.

Corporation Service Company Dehorah D. Skipper Asst. V. Pres. 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.)

DEBORAH D. SKIPPER

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of INTEGRATED SOLUTIONS PROFESSIONALS, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 26 day of Sept 2002

Signature

Print Name of Signer

WITNESS

Signature

Print Name of Witness

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Signature

Print Name of Witness