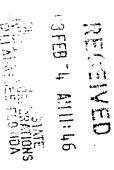
LO3000004/ZZZED INLIAHASSEE, FLORIDA

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200010586582



AL



03 FEB -4 PM 1:46

ACCOUNT NO. : 072100000032

REFERENCE: 914619 7365853

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: January 30, 2003

ORDER TIME : 9:45 AM

ORDER NO. : 914619-001

CUSTOMER NO: 7365853

CUSTOMER: Mr. Fredy M. Dellis Mr. Fredy M. Dellis

7180 East Lago Drive

Coral Gables, FL 33143-6512

DOMESTIC FILING

NAME: TELEMETRY INTERNATIONAL, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons - EXT. 1139

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CO ARTICLE I - Name: The name of the Limited Liability Company is: TELEMETRY INTERNATIONAL, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 7180 EAST LAGO DRIVE, CORAL GABLES, FLORIDA 33143-6512 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Corporation Service Company Name 1201 Hays Street Florida street address (P.O. Box NOT acceptable) Tallahassee 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 Deborah D. Skipper Asst. V. Pres. Registered Agent's Signature (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

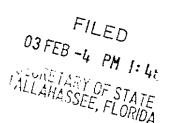
Filing Fees:

\$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)



TELEMETRY INTERNATIONAL, LLC

MANAGING MANAGERS

EXDEL CORPORATION

7180 EAST LAGO DRIVE

CORAL GABLES, FL 33143-6512

MARIA PINA

6425 MONTGOMERY DRIVE PINECREST, FL 33156

GERARDO B. FERNANDEZ

7300 SW 84TH PLACE MIAMI, FL 33143

FILED

03 FEB -4 PM 1: 46

SEURLIARY OF STATE
ALL AHASSET

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 TELEMETRY INTERNATIONAL, 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 3 day of Johnson, 2003.

Signature

Print Name of Signer

WITNESS:

Signatura

Print Name of Witness

_/ .

Signature

MINUTES ROOM

Print Name of Witness