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LIMITED LIABILITY COMPANY

Ceriah Solutions, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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FAX AUDIT # 4030002253422

**ARTICLES OF ORGANIZATION
OF
Ceriah Solutions, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Ceriah Solutions, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 8855 San Jose Blvd., Jacksonville, Florida 32217.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Kevin Woodall, 8855 San Jose Blvd., Jacksonville, Florida 32217. Located in the County of Duval.


ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2043.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Kevin Woodall, 8855 San Jose Blvd., Jacksonville, Florida 32217.


Business Filings Incorporated, Organizer
Mark Schiff, AVP
Authorized Representative
Prepared by Mark Schiff, Business Filings Incorporated
8025 Excelsior Dr., Suite 200, Madison, WI 53717
(608) 827-5300

FAX AUDIT # 4030002253422SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FAX AUDIT # 1030002253422CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Ceriah Solutions, LLC**

The name and address of the registered agent and office is Kevin Woodall, 8855 San Jose
Blvd, Jacksonville, Florida 32217. Located in the County of Duval.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: 

Kevin Woodall

Date: June 27, 2003

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