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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY**VERSATILE SOLUTIONS, LLC**

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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I:

The name of the Limited Liability Company is:

VERSATILE SOLUTIONS, LLC.

ARTICLE II:

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

**2900 N.W. 7th Street
Miami, Florida 33125**

ARTICLE III

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

**DOUGLAS R. PARENT
2900 N.W. 7th Street
Miami, Florida 33125**

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.


REGISTERED AGENT'S SIGNATURE

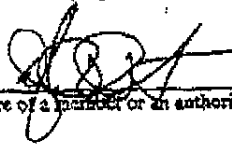
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TALLAHASSEE, FLORIDA

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ARTICLE IV:

The Limited Liability Company is to be managed by one manager or more managers and
is, therefore, a manager-managed company.



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.)

DOUGLAS R. PARENT

Typed or printed name of signee

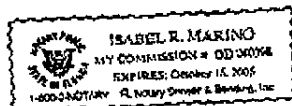
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STATE OF **FLORIDA**
COUNTY OF **MIAMI-DADE**

I Hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared **DOUGLAS R. PARENT** known to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, and an oath was not taken. Said person provided the following type of identification: Fl. Driver's License.

Witness my hand and official seal in the County and State last aforesaid this
day of October, A.D., 2003.

Notary Rubber Stamp Seal:




NOTARY SIGNATURE
Isabel Marino
Printed Notary Signature

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