P. 01

Division of Corporations Public Access System

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LIMITED LIABILITY COMPANY

KRISN L.L.C

Certificate of Status	0
Certified Copy	1
Page Count	03
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December 9, 2003

BUSINESS FILINGS

SUBJECT: KRISN L.L.C REF: W03000837218

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ARTICLES OF ORGANIZATION OF KRISN L.L.C

ARTICLE I

NAME

The name of the limited liability company shall be: KRISN L.L.C

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 9951 Atlantic Blvd., Suite #450, Jacksonville, Florida 32225.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Sridevi Gangisetti, 9951 Atlantic Blvd. #450, Jacksonville, Florida 32225. 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 Members and the name and address of the member of the Limited Liability Company is:

Sridevi Gangisetti, 9951 Atlantic Blvd., Suite # 450, Jacksonville, Florida 32225

SECRETARY of STATE

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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 # 46300033829923

FILED

FAX AUDIT #_ 4030003382923

CERTIFICATE 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: KRISN L.L.C

The name and address of the registered agent and office is: Sridevi Gangisetti, 9951 Atlantic Blvd. #450, Jacksonville, Florida 32225. 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.

Simature

Sridevi Ganoisetti

Date: December 3, 2003

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SECRETARY OF STATE
FALL AHASSEF, FLORIDA