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EFFECTIVE DATE  
2-15-04

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To:

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

From:

Account Name : FLORIDA INCORPORATORS, INC.  
Account Number : 075350000473  
Phone : (305) 379-7907  
Fax Number : (305) 402-3141

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LIMITED LIABILITY COMPANY

Interactive Sales Assessments, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR**

**Interactive Sales Assessments, LLC**

**A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

**EFFECTIVE DATE**

**2-15-04**

The name of the Limited Liability Company is:

**Interactive Sales Assessments, LLC**

**ARTICLE II - Mailing and Street Address:**

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

**Interactive Sales Assessments, LLC  
2806 SE 20th Avenue  
Cape Coral, FL 33904**

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

**30 years**

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by a manager who shall be empowered to act on behalf of the

**FLORIDA INCORPORATORS, INC.  
8875 Hidden River Pkwy, Ste 300 1  
Tampa, FL 33637  
(813) 632-7882**

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**ARTICLE VII - Registered Agent:**

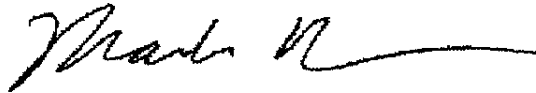
The initial registered agent and registered office of the limited liability company shall be:

Stanley P. Livacz  
2806 SE 20th Avenue  
Cape Coral, FL 33904

**ARTICLE VIII - Effective Date:**

The effective date of the limited liability company shall be February 15, 2004.

DATED: February 16, 2004

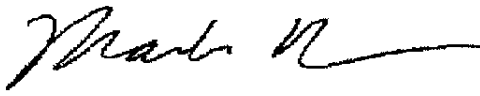


Mark Hankins  
Authorized Representative

**ACCEPTANCE OF REGISTERED AGENT**

I hereby declare I am familiar with and accept the duties and responsibilities as registered agent of the limited liability company.

FLORIDA INCORPORATORS, INC.

By:   
MARK HANKINS, President

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