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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 : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (305) 674-3313
Fax Number : (305) 675-2811

SECRETARY OF STATE
TALLAHASSEE, FL 32304
DIVISION OF CORPORATIONS

04 MAR 10 PM 12:37

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**LIMITED LIABILITY COMPANY
SOLUTIONS WIRELESS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Handwritten initials and date: 3-10-04

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

SOLUTIONS WIRELESS LLC.

ARTICLE II: Address

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

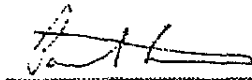
334 WILLARD AVE # 3
PROVIDENCE, RI 02907-1237

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

A1A Registered Agent Inc.
92 SADBERRY ROAD
QUINCY FL 32351

Having been named as registered agent 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.



A1A Registered Agent Inc./ Registered Agent's Signature

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Page 2 SOLUTIONS WIRELESS LLC.

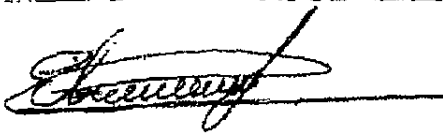
ARTICLE V: MEMBERS (optional)

MANAGING MEMBER

EDWARD MADERA

334 WILLARD AVE # 3

PROVIDENCE, RI 02907-1237



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.)

EDWARD MADERA

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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