

W04000028416

Florida Department of State
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LIMITED LIABILITY COMPANY

Transpares, LLC

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 12, 2004

BUSINESS FILINGS

SUBJECT: TRANSPARES, LLC
REF: W04000014013

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

FAX AUDIT # H040000760783

**ARTICLES OF ORGANIZATION
OF
Transpares, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: Transpares, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 10561 NW 53rd Street, Sunrise, Florida 33351.

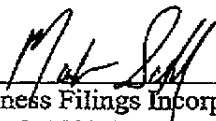
ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 660 East Jefferson Street, Tallahassee, Florida 32301. Located in the County of Leon.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2044.

FILED
04 APR 13 PM 3:55
TALLAHASSEE, FLORIDA


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 # H040000760783

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

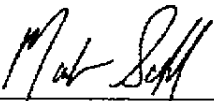
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

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

The name and address of the registered agent and office is **Business Filings Incorporated,**
660 East Jefferson Street, Tallahassee, Florida 32301. Located in the County of Leon.

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: _____



Mark Schiff, A/P
Business Filings Incorporated

Date: April 13, 2004

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