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Florida Department of State
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LIMITED LIABILITY COMPANY

CTI of Brevard LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
CTI of Brevard LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **CTI of Brevard LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 125 E. Merritt Island Causeway, Suite 209-118, Merritt Island, Florida 32952

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Robert Stengel, 329 Citrus Open Drive, New Smyrna Beach, Florida 32168. Located in the County of Volusia.


ARTICLE IV DURATION

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

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:

Robert Stengel, 125 E. Merritt Island Causeway, Suite 209-118, Merritt Island, Florida 32952


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

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FAX AUDIT # 110 0000838213CERTIFICATE 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: **CTI of Brevard LLC**

The name and address of the registered agent and office is: Robert Stengel, 329 Citrus
Open Drive, New Smyrna Beach, Florida 32168. Located in the County of Volusia.

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: _____

Robert Stengel

Date: April 8, 2004

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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110 0000838213