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

From: *Jane P. Jacob, Legal Asst.*  
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
Account Number : 075471001363  
Phone : (305) 374-5600  
Fax Number : (305) 374-5095

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**STRATEGIC ALLIANCE GROUP, LLC**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION  
OF  
STRATEGIC ALLIANCE GROUP, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is: Strategic Alliance Group, LLC

**ARTICLE II: - Address**

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

6363 N.W. 6<sup>th</sup> Way, Suite 150  
Fort Lauderdale, Florida 33309

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature:**

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


American Information Services, Inc.  
Las Olas Centre II, Suite 1600  
350 East Las Olas Boulevard  
Fort Lauderdale, Florida 33301

*Having been named as registered agent and 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.*

American Information Services, Inc.

By: 

Donn A. Beloff, Vice President  
Registered Agent

  
Arthur J. Drago

Authorized Representative of a Member

Signed and dated this 18 day of May, 2004.

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