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LIMITED LIABILITY COMPANY

Radfactor Solutions LLC

Certificate of Status	0
Certified Copy	1
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FAX AUDIT # 11040001126193

**ARTICLES OF ORGANIZATION  
OF  
Radfactor Solutions LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: **Radfactor Solutions LLC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 1485 Cedar Pine Dr., Deltona, Florida 32725.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: William Moquin, 1485 Cedar Pine Dr., Deltona, Florida 32725. 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:

William Moquin, 1485 Cedar Pine Dr., Deltona, Florida 32725

  
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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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: **Radfactor Solutions LLC**

The name and address of the registered agent and office is: William Moquin, 1485 Cedar  
Pine Dr., Deltona, Florida 32725. 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:   
William Moquin

Date: May 20, 2004

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