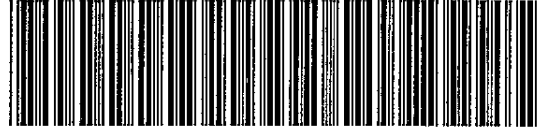


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2004 OCT -5 P 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



900041518349

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

2004 OCT -5 P 1:42

SUBJECT: DATA PRESERVE
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN CARLOS GUERRA
(Name of Person)

DATA PRESERVE
(Firm/Company)

3751 WEST. STATE ROAD 84 #112
(Address)

DAVIE, FL 33312
(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN C. GUERRA at (954) 797.9009
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED

2004 OCT -5 P 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

DATA PRESERVE LLC

ARTICLE II - Address:

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

Principal Office Address:

3751 W. STATE RD 84
#112

DAVIE, FL 33312

Mailing Address:

3751 W. STATE Rd. 84
#112

DAVIE, FL 33312

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

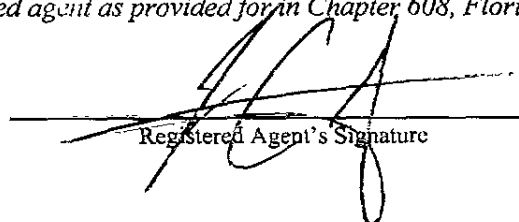
The name and the Florida street address of the registered agent are:

JUAN C. GUERKA
Name

3751 W. STATE RD. 84 #112
Florida street address (P.O. Box **NOT** acceptable)

DAVIE, FL FLORIDA 33312
City, State, and Zip

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, Florida Statutes..


Registered Agent's Signature

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows

2004 OCT -5 P 1:42

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

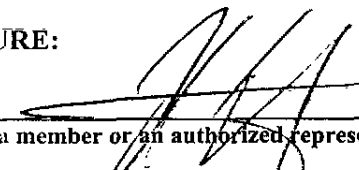
MGR

JUAN C. Guerra
3751 WEST STATE ROAD #112
DAVIE, FL 33312

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

JUAN CARLOS Guerra
Typed or printed name of signee

- ✓ **Filing Fees:**
- ✓ \$100.00 Filing Fee for Articles of Organization
 - ✓ \$ 25.00 Designation of Registered Agent
 - ✓ \$ 30.00 Certified Copy (Optional)
 - ✓ \$ 5.00 Certificate of Status (Optional)

ALL PLEASE