

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : 120010000247  
Phone : (800)494-3124  
Fax Number : (305)675-2811

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DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**PRIMEVISION FACILITIES MANAGEMENT OF KEYS COVE  
LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

PRIMEVISION FACILITIES MANAGEMENT OF KEYS COVE LLC

**ARTICLE II ADDRESS**


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

2685 EXECUTIVE PARK DRIVE, SUITE 5  
WESTON, FL 33331**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

A1A REGISTERED AGENT INC.  
92 SADBERRY RD.  
QUINCY, FL 32351

Having been named as registered agent 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 and 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..



A1A REGISTERED AGENT INC. / Registered Agent's Signature

**ARTICLE IV MANAGEMENT**

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

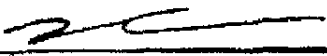
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**ARTICLE V**

The name(s) and address(es) of the managing members of the LLC are:

Member: PRIMEVISION COMMUNICATIONS LLC ; 2685 EXECUTIVE PARK  
DRIVE, SUITE 5 WESTON, FLORIDA 33331

  
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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.)

TOD WORKMAN

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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