

L05 0000 11234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 JAN 25 AM 10:03

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# SERVICE HOLDINGS LTD. CO.

January 24, 2005

## VIA OVERNIGHT MAIL

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: *UDIS Holdings, LLC*

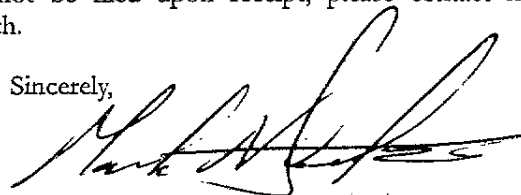
Dear Sir or Madam:

The enclosed Articles of Organization and fees are submitted for filing.

As there is considerable urgency associated with this matter, it would be appreciated if you could please return the Certificate of Status to the undersigned at your earliest convenience in the prepaid self-addressed overnight delivery envelope enclosed for your convenience.

If for any reason the enclosed Articles cannot be filed upon receipt, please contact me immediately at (561) 362-6370. Thank you very much.

Sincerely,



Mark N. Delevie  
Authorized Representative

2005 JAN 25 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

UDIS HOLDINGS, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

1515 N. FEDERAL HIGHWAY, SUITE 405  
BOCA RATON, FL 33432

#### Mailing Address:

1515 N. FEDERAL HIGHWAY, SUITE 405  
BOCA RATON, FL 33432

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

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

MARK N. DELEVIE

Name

1515 N. FEDERAL HIGHWAY, SUITE 405

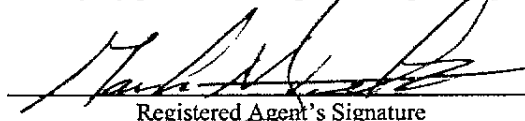
Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON, FL 33432

FL

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, F.S.*

  
Registered Agent's Signature

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(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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.)

Mark N. Delevie

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 JAN 25 AM 10:04

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