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SECRETARY OF STATE

SERVICE HOLDINGS LTD. CO.

January 24, 2005

VIA OVERNIGHT MAIL

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

Re: UDIS Acquisition Co., 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.

Mark N. Delevie Authorized Representative

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
UDIS ACQUISITION CO., LLC	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1515 N. FEDERAL HIGHWAY, SUITE 405	1515 N. FEDERAL HIGHWAY, SUITE 405
BOCA RATON, FL 33432	BOCA RATON, FL 33432
MARK N. DELEVIE Name	<u> </u>
	(011)7777 (07
1515 N. FEDERAL HIGHWAY	ress (P.O. Box <u>NOT</u> acceptable)
BOCA RATON, FL 33432	iress (1.0. box <u>irest</u> acceptance)
City, State, a	FL and Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	caccept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all enformance of my duties, and I am familiar with and stered agent as provided for in Chapter 508, RS

(CONTINUED)

pr 1 . "

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:	
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Since Children (Since Co. 1999) Annough	and the second of the second o	ran se e e e e e e e e e e e e e e e e e e
(The etterlement if magazara)		
(Use attachment if necessary) NOTE: An additional article must be	added if an offective date is requested.	
REQUIRED SIGNATURE:	r an authorized representative of a member.	
(In accordance with section	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury	
Mark N. Delevie Typeo	d or printed name of signee	200
Filing Fees:	AH:	SA
\$125.00 Filing Fee for Articles of Organiz of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	cation and Designation SET STATE REPORT ST	125 ANIQ.