

U5000023468

(Requestor's Name)

(Address)

(Address)

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2011 MAR -7 PM 1:14
STATE OF FLORIDA
TALLAHASSEE

U5-23468
JL

SERVICE HOLDINGS LTD. CO.

March 4, 2005

VIA OVERNIGHT MAIL

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

Re: *UDIS Acquisition Co. (Baytown), LLC*

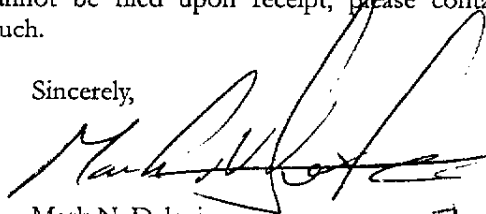
Dear Sir or Madam:

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 MAR -7 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UDIS ACQUISITION CO. (BAYTOWN), 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

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

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

"MGRM" = Managing Member

Name and Address:

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DOI: 10.1177/1056492609358000
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Age Group	Total (%)	Male (%)	Female (%)	Male (%)	Female (%)
18-24	15	10	20	10	20
25-34	25	15	35	15	35
35-44	30	20	40	20	40
45-54	20	15	25	15	25
55-64	10	5	15	5	15
65-74	5	2	8	2	8
75+	2	1	3	1	3

100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0%

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

Additional article must be added if an effective date is requested.

SIGNATURE:



Signature of a member or an authorized representative of a member.

Mark N. Delevie

Typed or printed name of signee

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

RECEIVED
JAN 11 1964
SECURITY SERVICE
PLANNING SECTION