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(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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Certified Copies Certificates of Status			
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DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number	FCA00000017	ALCO MADE OF A
Reference: (Sub Account)		
Date:	3/18/05	
Requestor Name:	Carlton Fields	
Address:	Post Office Drawer 190 Tallahassee, Florida 32302	
Telephone:	(850) 224-1585	22 22 22 22 22 22 22 22 22 22 22 22 22
Contact Name:	Kim Pullen, CLA (ext. 5261)	g,
Corporation Name:	Equity Network	ek Solutions LLC
Entity Number:		<u>-</u> -
Authorization:	Kim Hull	en
Certified Copy		Certificate of Status
New Filings	Plain Stamped Copy	Annual Report
Fictitious Name	Amendments	Registration
(X)Call When Ready	(X)Call if Problem	() After 4:30
(X)Walk In	()Will Wait	(X) Pick Up
CF Internal Use Only Client: 49960 M Name: David Burka C		

TAL#501656.1

DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

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	DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET	TATE OS MARIO PAR
Account Number	FCA00000017	
Reference: (Sub Account)		
Date:	3/18/05	
Requestor Name:	Carlton Fields	
Address:	Post Office Drawer 190 Tallahassee, Florida 32302	
Telephone:	(850) 224-1585	
Contact Name:	Kim Pullen, CLA (ext. 5261)	
Corporation Name: Entity Number: Authorization:	Equity Network Fin Pull	ek Solutions LLC
Certified Copy New Filings	Plain Stamped Copy	Certificate of Status Annual Report
Fictitious Name	Amendments	D- sistantia
Ficulous Name	Amendments	Registration
(X) Call When Ready	(X) Call if Problem	() After 4:30
(X) Walk In	()Will Wait	(X) Pick Up
CF Internal Use Only Client: 49960 Name: David Burla	_	

TAL#501656.1



SKAR O PAR STATE IN ARTICLES OF ORGANIZATION

The undersigned, acting as the authorized representative of the organizing member of a limited liability company under the Florida Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company (the "Company"):

ARTICLE I Name

The name of the Company is Equity Network Solutions, LLC.

ARTICLE II Principal Office and Mailing Address

The principal office and mailing address of the Company is 4221 West Boy Scout Boulevard, Suite 1000, Tampa, Florida 33607.

ARTICLE III Initial Registered Agent and Office

The street address of the initial registered office of the Company is 4221 West Boy Scout Boulevard, Tenth Floor, Tampa, Florida 33607-5736, and the name of its initial registered agent at that address is CFRA, LLC., a Florida limited liability company.

ARTICLE IV Organizing Member

The name and address of the authorized representative of the Company executing these Articles of Organization are:

Name

Address

David P. Burke

4221 West Boy Scout Boulevard Tenth Floor

Tampa, Florida 33607-5736

Dated this 18th day of March 2005.

By:

Name: David P. Burke

Authorized Representative

ACCEPTANCE BY REGISTERED AGENT

STATE OF THE PARTY Having been named as registered agent and to accept service of process for the company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the duties and obligations of the undersigned's position as registered agent.

Dated this 18th day of March 2005.

REGISTERED AGENT:

CFRA, LLC

a Florida limited liability company