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To:

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From:

*Mr. C. Dwyer, Esq.*  
Account Name : AKERMAN, SENTERFITT & RIDSON, P.A.  
Account Number : 075471001363  
Phone : (305) 374-5600  
Fax Number : (305) 374-5095

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LIMITED LIABILITY COMPANY

I-TEMS LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
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**ARTICLES OF ORGANIZATION  
OF  
I-TEMS LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **I-tems LLC**

**ARTICLE II: - Address**

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

3389 Sheridan Street  
Suite 208  
Hollywood, Florida 33021

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

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

American Information Services, Inc.  
One Southeast Third Avenue, 28<sup>th</sup> FL  
Miami, Florida 33131

*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.*

American Information Services, Inc.

By: *Nery C. Toledo, Asst. Sec.*  
Nery C. Toledo, Assistant Secretary  
Registered Agent

*Stacey Dorvilus*  
Stacey Dorvilus, Esq.  
Authorized Representative of a Member

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TALLAHASSEE FLORIDA

Signed and dated this 25<sup>th</sup> day of April, 2005.

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