AUG. 19. 2005: 2: 11 PMions JONES FOSTER 561 650-0435 825 8 10 186 P. ... 11 of 1

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From:

Account Name : JONES, FOSTER, JOHNSTON & STURRS, P.A.

Account Number : 076077003231 Phone : (561)650-0471 Fax Number : (561)650-0431

LIMITED LIABILITY COMPANY

LAT-CON, LLC

Certificate of Status	0
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Correction

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 19, 2005

JONES, FOSTER, JOHNSTON & STUBBS, P.A.

SUBJECT: LAT-CON, LLC REF: W05000039339

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Registered Agent name must be consistent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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ARTICLES OF ORGANIZATION OF LAT-CON, LLC

A Florida Limited Liability Company

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, Chapter 608, Laws of Florida.

ARTICLE I

Name

The name of the Limited Liability Company is LAT-CON, LLC.

ARTICLE II

<u>Address</u>

The mailing address and street address of the principal office of the Limited Liability Company is 505 South Flagler Drive, Suite 1010, West Palm Beach, FL 33401.

ARTICLE III

Registered Agent and Registered Office

The name and the Florida street address of the Registered Agent are:

Jones Foster Service, LLC 505 South Flagler Drive Suite 1100 West Palm Beach, FL 33401

ARTICLE IV

Management

The Limited Liability Company is to be managed by its members and is, therefore, a member-managed company.

ARTICLE V

Commencement

The Limited Liability Company shall commence its existence upon filing with the Secretary of State of the State of Florida.

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.

Alexander,

Authorized

Representative

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That LAT-CON, LLC, desiring to organize under the laws of the State of Florida, has named Jones Foster Service, LLC, located at the Registered Office of the corporation at 505 South Flagler Drive, Suite 1100, West Palm Beach, FL 33401, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT:

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. 1 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.

Jones Foster Service, LLC

B. Alexander, Manager

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