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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : A I A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (786) 206-9053

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Modern Technology Services LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

MODERN TECHNOLOGY SERVICES LLC

ARTICLE II ADDRESS

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

216 OCEANWAY AVE.
JACKSONVILLE, FL 32218

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent is:

A1A REGISTERED AGENT INC.
92 SADBERRY RD.
QUINCY, FL 32351

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Paul Smith Paul Smith V.P.

A1A REGISTERED AGENT INC. / Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

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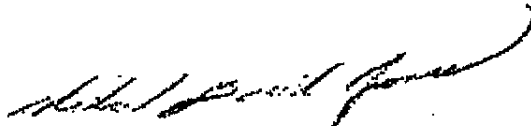
PAGE 2 MODERN TECHNOLOGY SERVICES LLC

ARTICLE V

The name(s), address(es), and title(s) of the directors and officers:

MICHAEL DAVID JONES
MANAGER: 216 OCEANWAY AVE.
JACKSONVILLE, FLORIDA 32218

MATHEW ANTHONY JONJOCK
MANAGER: 5611 MORET DR. EAST
JACKSONVILLE, FLORIDA 32244



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

(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.)

MICHAEL DAVID JONES
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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