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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 : 120010000247  
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

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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..

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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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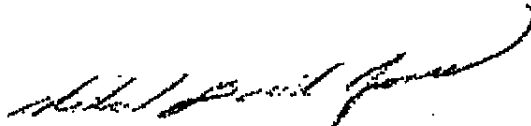
PAGE 2 MODERN TECHNOLOGY SERVICES LLC

**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

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TALLAHASSEE FLORIDA

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