

Division of Corporations

H05000284420

Florida Department of State

Division of Corporations

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

From: Account Name : PROSKAUER ROSE LLP  
Account Number : 074673001063  
Phone : (561)995-4704  
Fax Number : (561)241-7145

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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

V. ALSTON SYSTEMS, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

Electronic Filing Menu

Corporate Filing

Public Access Help

H05000284420

H05000284420

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

V. ALSTON SYSTEMS, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

8625 N.W. 59th Place  
Parkland, FL 33067

**Mailing Address:**

8625 N.W. 59th Place  
Parkland, FL 33067

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Brian D'Souza

Name

8625 N.W. 59th Place

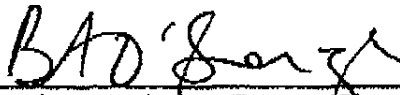
Florida street address (P.O. Box NOT acceptable)

Parkland

FL 33067

City, State, and Zip

*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..*



Registered Agent's Signature (REQUIRED)

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Page 1 of 2

H05000284420

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2005 DEC 13 AM 10:53

H05000284420

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Van Alston Holdings, LLC

8625 N.W. 59th Place

Parkland, FL 33067

\_\_\_\_\_

\_\_\_\_\_

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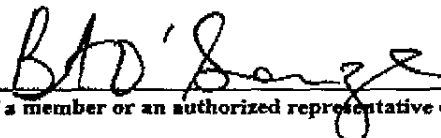
(Use attachment if necessary)

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**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Brian D'Souza

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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