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To:

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From:

Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
Account Number : 075471001363  
Phone : (305) 374-5600  
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

SERVICE NEW ORLEANS, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 01       |
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SECRETARY OF STATE  
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**ARTICLES OF ORGANIZATION  
OF  
SERVICE NEW ORLEANS, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **Service New Orleans, LLC**

**ARTICLE II: - Address**

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

401 E. Las Olas Boulevard  
Suite 1140  
Fort Lauderdale, Florida 33301

**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*  
Nery C. Toledo, Assistant Secretary  
Registered Agent

*Grace Laba*  
Grace Laba, Esq.  
Authorized Representative of a Member

Signed and dated this 15 day of December, 2005.

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