

L05 000121400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

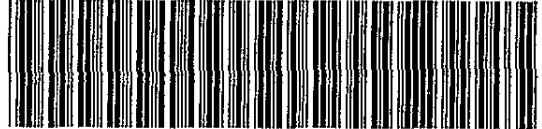
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE

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05 DEC 21 PM 4:51  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

CORP/DIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

FILED  
05 DEC 21 PM 4:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONTACT: ED

DATE: 12/21/05

REF. #: 0466.45947

CORP. NAME: ALLIANCE NETWORK DEVELOPMENT, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 515428 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
ALLIANCE NETWORK DEVELOPMENT, LLC**

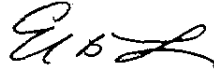
**ARTICLE I. Name:** The name of the Limited Liability Company is ALLIANCE NETWORK DEVELOPMENT, LLC (the "Company").

**ARTICLE II. Address:** The mailing address of the principal office of the Company is 2201 Sawgrass Village Drive, Ponte Vedra, FL 32082. The street address of the principal office of the Company is 2201 Sawgrass Village Drive, Ponte Vedra, FL 32082.

**ARTICLE III. Registered Agent, Registered Office & Registered Agent's Signature:** The name and the Florida street address of the Company's registered agent are:

CorpDirect Agents, Inc.  
515 East Park Avenue  
Tallahassee, Florida 32301

*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 in Chapter 608, Florida Statutes.*



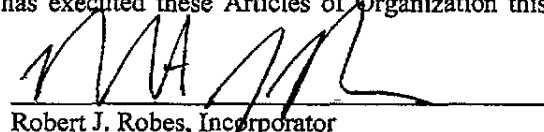
\_\_\_\_\_  
CorpDirect Agents, Inc.

**ARTICLE IV. Management:** The Company is to be managed by one or more managers and is, therefore, a manager-managed company. The names and addresses of the initial managers are:

Michael Kan  
2201 Sawgrass Village Drive  
Ponte Vedra, FL 32082

John Craft  
2201 Sawgrass Village Drive  
Ponte Vedra, FL 32082

**IN WITNESS WHEREOF,** the undersigned has executed these Articles of Organization this 21<sup>st</sup> day of December, 2005.

  
\_\_\_\_\_  
Robert J. Robes, Incorporator

(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.