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FLORIDA/FOREIGN LIMITED LIABILITY CO.

ACT Services LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
ACT Services LLC**

ARTICLE I NAME

The name of the limited liability company shall be: ACT Services LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 5287 W Irlo Bronson Hwy, Kissimmee, Florida 34746.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Alan Collett, 5287 W. Irlo Bronson Hwy, Kissimmee, Florida 34746. Located in the County of Osceola.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2045.

ARTICLE V MANAGERS/MEMBERS


The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Alan Collett, 5287 W Irlo Bronson Hwy, Kissimmee, Florida 34746
Christopher Thomas, 5287 W. Irlo Bronson Hwy, Kissimmee, Florida 34746

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Business Filings Incorporated, Organizer
Mark Schiff, AVP
Authorized Representative
Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200,
Madison, WI 53717
(608) 827-5300

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FAX AUDIT # H060000024393CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **ACT Services LLC**

The name and address of the registered agent and office is Alan Collett, 5287 W. Irlo
Bronson Hwy, Kissimmee, Florida 34746. Located in the County of Osceola.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: Alan Collett
Alan Collett

Date: 12/31/05

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