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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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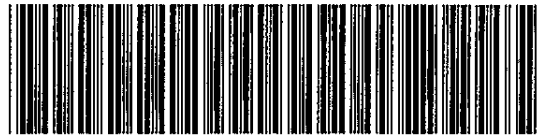
(Business Entity Name)

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317 S. TENNESSEE AVENUE
LAKELAND, FLORIDA 33801-4617

D. A. TROIANO (1929-2005)
CLYDE L. ROBERTS (1927-1971)

VICTOR J. TROIANO
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LAURIANE CICCARELLI

REPLY TO:
P. O. DRAWER 829
LAKELAND, FLORIDA 33802-0829
TELEPHONE (863) 686-7136
FAX (863) 686-9157

January 10, 2006

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Presidium Network Solutions, LLC

Dear Sirs:

Enclosed please find the original and one copy of the Articles of Organization for the above named entity. After filing, please return a certified copy of the Articles to my office as soon as possible. I have also enclosed a check in the amount of \$155.00 to cover your filing fees and the cost of obtaining a certified copy.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Marie Hankins,
Legal Assistant to
Victor J. Troiano

/mph
Enclosures

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

ARTICLE I – Name:

The Name of the Limited Liability Company is: Presidium Network Services, LLC

ARTICLE II – Address:

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

a: Mailing Address: 935 Hamilton Place Lane, Lakeland, FL 33813

b: Street Address: 935 Hamilton Place Lane, Lakeland, FL 33813

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

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

William F. McClellan

Name

935 Hamilton Place Lane

Florida street address (Post Office Box **NOT** acceptable)

Lakeland, FL 33813

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.

William F. McClellan

Registered Agent's Signature

ARTICLE IV – Management (Check applicable box)

 The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

 X The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

William F. McClellan

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.)

William F. McClellan

Typed or printed name of signer

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TALLAHASSEE, FLORIDA