

MAY-02-2006 TUE 04:50 PM Shutts and Bowen

FAX NO. 3053819982

P. 01

Division of Corporations

Page 1 of 1

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To:

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

From:

Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
Phone : (305) 358-6300
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DIVISION OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ACOUSTI OF SOUTH FLORIDA, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$160.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

((H06000123514 3)))

ARTICLES OF ORGANIZATION

ARTICLE I -

Name

The name of the Limited Liability Company (the "Company") is:

ACOUSTIC OF SOUTH FLORIDA, LLC

ARTICLE II

Address

The mailing address of the Company is 4656 34th Street S.W., Attn: Jim Verner,
Orlando, Florida, 32811

The street address of the principal office of the Company is 4656 34th Street S.W.,
Attn: Jim Verner, Orlando, Florida, 32811

**ARTICLE III - Registered Agent and Office and
Registered Agent's Signature**

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

CORPORATION COMPANY OF ORLANDO
300 South Orange Avenue, Suite 1000 (PLS)
Orlando, Florida 32801-5403

P04-27304

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, Florida Statutes.

CORPORATION COMPANY OF ORLANDO

By: *Gregory Humphries*

(Registered Agent's Signature)

I, Gregory Humphries, Vice President

Date: May 2, 2006

Luís A. de Armas
Signature of a member or authorized representative of a member

(In accordance with section 608.108(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Luís A. de Armas, Authorized Representative
(Typed or printed name of signer)

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