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Division of Corporations

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Page 1 of 1

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

From: Account Name : STROOCK & STROOCK & LAVAN  
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Phone : (305) 358-9900  
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FLORIDA/FOREIGN LIMITED LIABILITY CO.  
NATIONAL POS SOLUTIONS, LLC

Certificate of Status	1
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DATE May 18, 2006

TO	COMPANY NAME	FAX NO.	PHONE NO.
Division of Corporations	Florida Department of State	850-205-0383	

TOTAL NO. OF PAGES	Four (4)
FROM	Cavell E. Walker
SENDER'S FAX NO.	305-416-2845
SENDER'S PHONE NO.	305-789-9345
SENDER'S EMAIL	cewalker@stroock.com
ROOM NO.	3162
ATTORNEY NO.	3958
CLIENT/MATTER NAME	National POS Solutions, LLC entity formation (Fax Audit # H06000137616 3)
CLIENT/MATTER NO.	000700.0001

MESSAGE

Please see attached documentation to form a Florida LLC.

Should you have any questions, please contact me at the above number.

Thank you

CONFIDENTIAL

The information contained in this facsimile is privileged and confidential, and is intended only for the use of the individual named above and others who have been specially authorized to receive such. If the recipient is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, or if any problems occur with this transmission, please notify us by telephone at 305-789-9304.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NATIONAL POS SOLUTIONS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

7700 N.W. 37TH AVENUE  
MIAMI, FL 33147

**Mailing Address:**

7700 N.W. 37TH AVENUE  
MIAMI, FL 33147

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CARLOS A. VALDES

Name

7700 N.W. 37TH AVENUE

Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FL 33147

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.*



Registered Agent's Signature

CARLOS A. VALDES

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

NATIONAL COMMUNICATIONS, LLC

7700 N.W. 37TH AVENUE

MIAMI, FL 33147

MGR

CARLOS A. VALDES


7700 NW 37TH AVENUE

MIAMI, FL 33147

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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.)

CARLOS A. VALDES

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)