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Florida Department of State

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ELORIDA/FOREIGN LIMITED LIABILITY CO.

CM InfoSec Solutions LLC

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ARTICLES OF ORGANIZATION
OF
CM InfoSec Solutions LLC

2006 JUL -5 A 9: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I

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NAME

The name of the limited liability company shall be: CM InfoSec Solutions LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 5317 Woodridge Lane, Spring Hill, Florida 34509.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Carol Thoni, 5317 Woodridge Lane, Spring Hill, Florida 34609. Located in the County of Hernando.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Carol Thoni, 5317 Woodridge Lane, Spring Hill, Florida 34509

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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SECRETARY OF STATE CERTIFICATE OF DESIGNATION OF REGISTERADLAHASSEE. FLORIDA 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: CM InfoSec Solutions LLC

The name and address of the registered agent and office is Carol Thoni, 5317 Woodridge Lane, Spring Hill, Florida 34609. Located in the County of Hernando.

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: Carol How

Date: 7/3/06

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