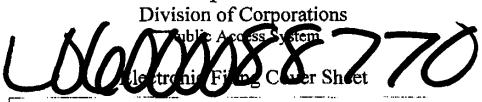
## Florida Department of State



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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

noso control, l.l.c.

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## 406000223715

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The Name of the Limited Liability Company is:

Noso Control, L.L.C.

#### ARTICLE II - Address:

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

12914 DUPONT CIRCLE, TAMPA FL 33626,

#### ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

#### Perpetual

#### ARTICLE IV - Management:

The Limited Liability Company is to be managed by a manager and the name and address of such manager who is to serve as manager is:

Michael Monsky
12914 DUPONT CIRCLE, TAMPA FL 33626

y: Michael Mousic

(In accordance with section 608 408(3), Florida Statutes, the execution of this affidayit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SECRETARY OF STATE DIVISION OF CORPORATION

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#### ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

#### Pursuant to the Management Agreement

### ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

#### Pursuant to the Management Agreement

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

### Noso Control, L.L.C.

1. The name of the Florida street address of the registered agent is:

#### Michael Monsky Name

12914 DUPONT CIRCLE, TAMPA FL 33626 Street Address, City, State and Zip SECRETARY OF STATE STORE STORE SECRETARY OF CERPCE ATTOMS OF CERPCE ATTOMS

# 406000223715

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.

Michael Monsky

SECRETARY OF STATE
SIVISION OF LORPORATIONS
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