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From:
Account Name : STILES CORPORATION
Account Number : I20020000020
Phone : (954)627-9156
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FLORIDA/FOREIGN LIMITED LIABILITY CO

STILES CSI MM, LLC

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**ARTICLES OF ORGANIZATION
OF
STILES CSI MM, LLC**

Pursuant to section 608.407, Florida Statutes, the undersigned hereby files these Articles of Organization as follows:

ARTICLE I - NAME

The name of the Limited Liability Company is STILES CSI MM, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is c/o Stiles Corporation, 300 S.E. 2nd Street, Ft. Lauderdale, Florida 33301
Attn: Donna Florek.

ARTICLE III - DURATION

The period of duration for the Limited Liability Company is perpetual.

IN WITNESS WHEREOF, the undersigned authorized representative has hereunto set her hand and seal this 10th day of October, 2006.


Donna Florek
Authorized Representative

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**CERTIFICATE DESIGNATING REGISTERED AGENT
AND REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement in designating the registered office/registered agent:

STILES CSI MM, LLC, desiring to organize as a limited liability company under the laws of the State of Florida, has designated c/o Stiles Corporation, 300 S.E. 2nd Street, Ft. Lauderdale, Florida 33301, as its initial Registered Office and has named Donna Florek located at said address as its initial Registered Agent.

By: 

Donna Florek
Authorized Representative

Having been named Registered Agent for the above stated limited liability company, at the designated Registered Office, the undersigned hereby accepts said appointment and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the obligations of the undersigned's position as registered agent.

By: 

Donna Florek
Registered Agent

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