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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 634159 7193709

AUTHORIZATION :

COST LIMIT : \$ 125.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : December 1, 2006

ORDER TIME : 10:56 AM

ORDER NO. : 634159-005

CUSTOMER NO: 7193709

DOMESTIC FILING

NAME: SAB SYSTEMS, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: \_\_\_\_\_

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

**ARTICLE I**

**Name**

The name of the Limited Liability Company is SAB Systems, LLC.

**ARTICLE II**

**Address**

The mailing address and street address of the principal office of the Limited Liability Company is 1201 Hays Street, Tallahassee, FL 32301.

**ARTICLE III**


**Registered Agent, Registered Office, and Registered Agent's Signature**

The name and the Florida street address of the Registered Agent are:

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

Having been named as the 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 agree to accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

By:  **Troy Todd**  
Name: \_\_\_\_\_ **as its agent**

**ARTICLE IV**

The name and address of the Managing Member is as follows:

Stuart A. Benson  
5080 N. 40<sup>th</sup> Street, #105  
Phoenix, AZ 85018

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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.

A handwritten signature in cursive script, reading "Stuart A. Benson", written over a horizontal line.

Stuart A. Benson, Authorized Representative