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To:

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

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

POINTE NORTH CONSULTING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	2
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
POINTE NORTH CONSULTING, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is **POINTE NORTH CONSULTING, LLC.**

ARTICLE II - Address:

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

4622 SW 12th Place
Unit 224
Cape Coral, FL 33914

IN WITNESS WHEREOF, I have signed these Articles of Organization as a member and acknowledged them to be my act this 7th day of June 2007.



Signature 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.)

Mardis W. Parker, Sr.

Typed or printed name of signee

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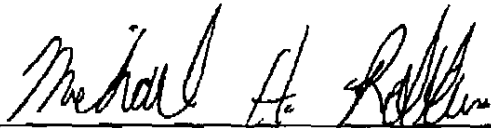
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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 **POINTE NORTH CONSULTING, LLC.**
2. The name and the Florida street address of the registered agent are:

Michael H. Robbins, Esq.
 Shumaker, Loop & Kendrick, LLP
 101 E. Kennedy Boulevard
 Suite 2800
 Tampa, FL 33602

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.



Signature

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