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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
 Fax Number : (813)229-1660

FLORIDA/FOREIGN LIMITED LIABILITY CO.

XCELIENCE HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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Handwritten signature

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**ARTICLES OF ORGANIZATION
XCELIENCE HOLDINGS, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is **XCELIENCE HOLDINGS, LLC.**

ARTICLE II - Address:

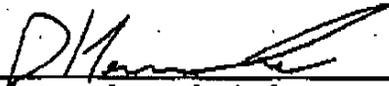
The street and mailing address of the principal office of the Limited Liability Company is:

5415 West Laurel Street
Tampa, Florida 33607

ARTICLE III - Management:

The Limited Liability Company is to be managed by a manager or managers. The initial manager shall be Derek Hennecke.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 29th day of June 2007.



Signature of an authorized representative 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.)

Derek G. Hennecke

Typed or printed name of signer

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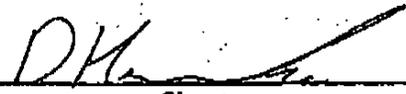
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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 **XCELIENCE HOLDINGS, LLC.**
- 2. The name and the Florida street address of the registered agent are:

Derek G. Hennecke
5415 West Laurel Street
Tampa, Florida 33607

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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