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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name

Brom.

: HENDERSON, FRANKLIN, STARNES & HOLT, P.A.

Account Number : 075410002172 Phone : (239)344-1100

Fax Number : (239)344-1200

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SMARTCHECKS, LLC

Certificate of Status	0
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SECRETARY OF STATE DIVISION OF CORPORATIONS

1/15/2008

FAX AUDIT NO.: H08000011263 3.

ARTICLES OF ORGANIZATION

OF

SMARTCHECKS, LLC

ARTICLE I NAME

The name of the limited liability company shall be SmartChecks, LLC (the "Company").

ARTICLE U MAJLING ADDRESS AND STREET ADDRESS

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

12734 Kenwood Lane, Suite 4 Fort Myers, Florida 33907

ARTICLE III INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company are:

Martha M. Lambert 12734 Kenwood Lane, Suite 4 Fort Myers, Florida 33907

ARTICLE IV PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the state of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE V DURATION

The Company shall exist from the date of filing these Articles of Organization with the Department of State and shall be dissolved upon the occurrence of any event of dissolution as described in the Operating Agreement of the Company.

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ARTICLE VI OPERATING AGREEMENT

The Members shall have the power to adopt, after, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

IN WITNESS WHEREOF, the undersigned, being an Authorized Representative of the Company, has executed these Articles of Organization, this 14 day of 32 nt are 2008.

Martha M. Lambert,

Authorized Representative

SECRETARY OF STATE DIVISION OF CORPORATION

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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 in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the limited liability company is: SmartChecks, LLC
- 2. The name and address of the registered agent and office are:

Martha M. Lambert 12734 Kenwood Lane, Suite 4 Fort Myers, Florida 33907

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.

Matthe M. Lambert
Registered Agent

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