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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CMD Information Solutions, L.L.C.

Certificate of Status	0
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T. HAMPTON

MAR - 7 2008



March 6, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: CMD INFORMATION SOLUTIONS, L.L.C.
REF: W08000011842

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the correct name of the company you have listed as your registered agent as it is listed on our database. There is no listing for the "Law Office of Jennifer Winokur, P.A."

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H08000057518
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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
FOR
CMD Information Solutions, L.L.C.**

ARTICLE I - Name:

The name of the Limited Liability Company is:

CMD Information Solutions, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

16264 S.W. 97th Street, Miami, FL 33196

Mailing Address:

same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

**JENNIFER WINOKUR, P.A.
Wachovia Bank Building
4770 Biscayne Blvd., Suite 560
Miami, FL 33137**

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 as provided for in Chapter 608, F.S.


Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title</u> "MGR" = Manager	<u>Name and Address</u> PHILIP HANLEY 18264 S.W. 97 th Street Miami, Florida 33196
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ARTICLE V: Effective date shall be the date of filing.

REQUIRED SIGNATURE



Signature of a member or 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 states herein are true).

PHILIP HANLEY

Typed or printed name of signee

Filing Fees are attached hereto

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