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Division of Corporations



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Division of Corporations

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From:

Account Name : COURT ACCESS CENTERS OF AMERICA

Account Number: 075350000541 Phone : (813)875-1333

Fax Number : (813)875-2703

FLORIDA/FOREIGN LIMITED LIABILITY CC.

Ware Communications, LLC

Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge \$130.00

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Audit # H08000063791 ARTICLES OF ORGANIZATION FOR FLORIDA MAR 13 AH 8: 02

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ARTICLE I

Name and Address

The name of this Limited Liability Company is:

Ware Communications, LLC

The mailing address and street address of the Limited Liability Company are:

1868 Emily Dr. Winter Haven, FL 33884

ARTICLE II Term of Existence

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

ARTICLE III Purpose and Powers

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

ARTICLE IV

Powers

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3249 W Cypress St., Suite C. Tampa, FL 33607, (813)-875-1333.

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ARTICLE V Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is:

1868 Emily Dr. Winter Haven, FL 33884

and the name of its registered agent at such address is:

Ira Ware

ARTICLE VI Management

This Limited Liability Company shall have One Manager(s) or Managing Member(s). The name and address of Manager(s) or Managing Member(s) are:

Name and Address

Ira Ware, Managing Member 1868 Emily Dr. Winter Haven, FL 33884

Dated: Wednesday, March 12, 2008

Audit # H08000063791

ACCEPTANCE BY REGISTERED AGENT

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.

Date: March 12, 2008

Ira Ware

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SECRETARY OF STATE
SECRETARY FLORIDA