

**L080000042573**

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**MOBILE ACCESS VP LLC**

Certificate of Status	0
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Page Count	02
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**J. BRYAN**

APR 30 2008

**EXAMINER**

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

MOBILE ACCESS VP LLC

**ARTICLE II ADDRESS**

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

2501 EAST CENTRAL BLVD. #12

ORLANDO, FLORIDA 32803

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

PAMELA PRATT

2501 EAST CENTRAL BLVD. #12

ORLANDO, FLORIDA 32803

Having been named as registered agent 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.

x 

PAMELA PRATT / Registered Agent's signature

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MOBILE ACCESS VP LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

PAMELA PRATT

2501 EAST CENTRAL BLVD. #12

ORLANDO, FLORIDA 32803

MANAGING MEMBER

JUSTIN INGALA

2501 EAST CENTRAL BLVD. #12

ORLANDO, FLORIDA 32803

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.....

X 

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 stated herein are true.

PAMELA PRATT

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**ARTICLE VII: REGISTERED AGENT**

The name and address of the initial Registered Agent in Florida for the limited liability company is: Temple H. Drummond, Esq., Winick Wehle Drummond & Ross, LLP, 6987 East Fowler Avenue, Tampa, Florida 33617.

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.

Temple H. Drummond  
Temple H. Drummond, Registered Agent

April 28, 2008  
Date

Executed at Tampa, Florida on the 28<sup>th</sup> day of April, 2008.

Temple H. Drummond, authorized agent  
Craig R. Ironside, Managing 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.)

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