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Florida Department of State
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To:

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

From:

Account Name : FLORIDA & OFFSHORE BUSINESS FORMATION, INC.
Account Number : I20010000099
Phone : (775) 884-1357
Fax Number : (775) 882-6818

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

VITEL RESOURCES, LLC

Certificate of Status	0
Certified Copy	0
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J. BRYAN

MAY 13 2008

EXAMINER

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**ARTICLES OF ORGANIZATION OF
VITEL RESOURCES, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

Name

The name of the Limited Liability Company is: Vitel Resources, LLC

ARTICLE II

Address

The mailing address and street address of the principal office of the Limited Liability Company is; 20 S. Broad Street, Brooksville, FL 34601.

ARTICLE III

Registered Agent

The name of the initial resident agent and the initial address of the registered office where process may be served in the State of Florida is: Florida Business Formation, Inc., 20 S. Broad Street, Brooksville, FL 34601.

ARTICLE IV

Management

The Limited Liability Company is to be managed by a manager or managers and the names and addresses of the managers are: Lisa M. Adams of 20 S. Broad Street, Brooksville, FL 34601.

ARTICLE V

Admission of Additional Members

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: limited as more particularly described in the Operating Agreement of the Company

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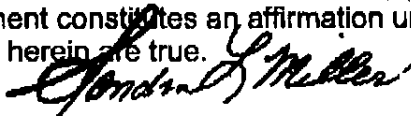
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ARTICLE VI

Members Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: limited as more particularly described in the Operating Agreement of the Company

In accordance with section 608.408(3), Florida Statutes, the execution of the document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Signature of authorized representative or a member
Sandra L. Miller

Dated: 5/12/2008

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507,
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 company is Vitel Resources, LLC.
2. The name and address of the registered agent and office is:

Florida Business Formation, Inc.
20 S. Broad Street
Brooksville, FL 34601

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.



Alan Teegardin
For and on behalf of:
Florida Business Formation, Inc.

Dated: 5/12/2008

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