

Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (350) 617-6383

 From:
 Account Name : CSH SERVICES, LLC
 Account Number : I20070000160
 Phone : (800) 494-3124
 Fax Number : (561) 455-9885

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

NSS LLC

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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:

NSS LLC

ARTICLE II ADDRESS

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

1837 CAPITAL CIRCLE SE
TALLAHASSEE, FLORIDA 32301

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

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

SANDEEP GUPTA
1837 CAPITAL CIRCLE SE
TALLAHASSEE, FLORIDA 32301

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.



SANDEEP GUPTA / Registered Agent's signature

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NSS 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

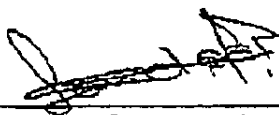
SANDEEP GUPTA

1837 CAPITAL CIRCLE SE

TALLAHASSEE, FLORIDA 32301

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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.

SANDEEP GUPTA

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