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To:

Division of Corporations

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From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160

: (800)494-3124

Phone

(800)494-3124

Fax Number

: (561)455-9885

FLORIDA/FOREIGN LIMITED LIABILITY CO.

JD JOHANSEN & ASSOCIATES, LLC

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Help EXAMINER

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

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ARTICLE I NAME

The name of the Limited Liability Company is: JD JOHANSEN & ASSOCIATES, LLC

ARTICLE II ____ADDRESS

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

12779 AVIANO DRIVE

NAPLES, FLORIDA 34105

<u>ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE</u>

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

JAMES D. JOHANSEN

12779 AVIANO DRIVE

NAPLES, FLORIDA 34105

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 complywith 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.,

JAMES D-JOHANSEN / Registered Agent's signature

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JD JOHANSEN & ASSOCIATES, LLC

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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:

JAMES D. JOHANSEN

12779 AVIANO DRIVE

NAPLES, FLORIDA 34105

2009 MAR -** AM 8: 28
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

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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.

JAMES D. JOHANSEN

Typed or printed name of signee