Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)617-6383

From

'Account Name : HUBCO

Account Number: 104662003400 Phone: (516)935-394

Phone : (516)935-3940 Fax Number : (516)935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED 9 JUN 23 RM 1: 55 ECRETARY OF STATE Alliance Service Solutions, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
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J. BRYAN

JUN 9 4 2009

EXAMINER

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ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Alliance Service Solutions, LLC

ARTICLE II - Address

| Principal Office Address: | ss of the principal office of the Limited Liability Company is: |
|---------------------------------------|-----------------------------------------------------------------|
| I Interpat Office Address: | Mailing Address: |
| 2141 Main Street, Suite F | 2141 Main Street, Suite F |
| Dunedin, FL 34698 | <u>Dunedin, FL 34698</u> |
| A DTICI E III - Dogistarad A | gent, Registered Office & Registered Agent's Signature |
| he name and Florida street address of | - |
| | of the registered agent are: |
| | of the registered agent are: Salvatore Nardello |
| | · · |
| | Salvatore Nardello |
| | Salvatore Nardello . |

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 as provided for in Chapter 608, F.S.

(City / State / Zip)

Registered Agent's Signature - Salvatore Nardello

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| | | | | | ٠. |
|--------|------|------------|------------|--------|---------|
| ARTICI | EIV- | Manager(s) | or Managin | g Memi | oer(s); |

The name and address of each Manager or Managing Member is as follows:

stated berein are true.)

| <u>Title:</u> | Name and Address: | | |
|-------------------------------|-----------------------------------------------------------------------|--|--|
| "MGR" = Manager | · | | |
| "MGRM" = Managing Member | | | |
| MGRM | Salvatore Nardello - 2141 Main Street, Suite F, Dunedin, FL 34698 | | |
| MGRM | Rodney Rohrs - 2141 Main Street, Suite F, Dunedin, FL 34698 | | |
| MGRM | Maria Duverge - 2141 Main Street, Suite F, Dunedin, FL 34698 | | |
| | | | |
| (Use attachment if necessary) | | | |
| REQUIRED SIGNATURE: | | | |
| | and the Darlallo | | |
| Signature | c of a member or authorized representative of a member. | | |
| • | nnce with section 608.408(3), Florida Statutes, the execution of this | | |

Salvatore Nardello

Typed or printed name of signee