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To:

Division of Corporations
Fax Number : (950)617-6383

From:

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

FLORIDA/FOREIGN LIMITED LIABILITY CO.

TAMPA HI-TECH SOLUTIONS LLC

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T. HAMPTON

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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:

TAMPA HI-TECH SOLUTIONS LLC

ARTICLE II ADDRESS

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

4605 N HESPERIDES STREET

TAMPA, FLORIDA 33614

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

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

AILEEN M DIAZ

4605 N HESPERIDES STREET

TAMPA, FLORIDA 33614

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.



AILEEN M DIAZ / Registered Agent's signature

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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

AILEEN M DIAZ

4605 N HESPERIDES STREET

TAMPA, FLORIDA 33614

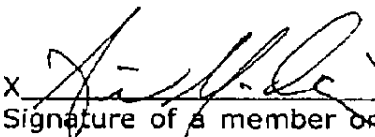
MANAGING MEMBER

LIDIANA LUGO

4605 N HESPERIDES STREET

TAMPA, FLORIDA 33614

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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.

AILEEN M DIAZ

7/09000169791.3.