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EXAMINER

SECRETARY OF STATE DIVISION OF CORPORATIONS

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CORPORATE ACCESS, /

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236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-2666

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ARTICLES OF ORGANIZATION FOR ONE SOURCE MANAGEMENT SOLUTIONS, LLC

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ARTICLE I - Name:

The name of the Limited Liability Company is:

ONE SOURCE MANAGEMENT SOLUTIONS, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6614 Osceola Polk Line Road Davenport, Florida 33896

8297 Championsgate Blvd #244 Champions Gate, Florida 33896

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the Registered Agent is:

Name:

HAYNES E. BRINSON

Florida street address (P.O. Box NOT acceptable)

28 North John Young Parkway Kissimmee, Florida 34741 City, State and Zip

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, Florida Statutes

Registered Agent's Signature

ARTICLE IV - Manager(s) or Managing Member(s):

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

Name and Address:

Title:
"MGR" = Manager

"MGRM" = Managing Member

Donald Nye MGRM

8297 Champions Gate Blvd #205 Davenport, Florida 33896

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.)

> Haynes E. Brinson, Authorized Agent Typed or Printed Name of Signee