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FLORIDA/FOREIGN LIMITED LIABILITY CO.  
SWS CUSTOMER CARE SOLUTIONS, LLC

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

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**ARTICLE I NAME**

The name of the Limited Liability Company is:

SWS CUSTOMER CARE SOLUTIONS, LLC

**ARTICLE II ADDRESS**

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

16419 NW 12 STREET  
PEMBROKE PINES, FLORIDA 33028

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

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

SHAWN WILLIAM SHORT  
16419 NW 12 STREET  
PEMBROKE PINES, FLORIDA 33028

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.

x Shawn Short

SHAWN WILLIAM SHORT / Registered Agent's signature

