Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6383

From:

: AGENTS AND CORPORATIONS, INC Account Name

Account Number : I20010000112

Phone Fax Number : (302)575-0875 : (302)575-0925

Enter the omail address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO. CCN Project Services LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: CCN Project Services LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 24304 Vincent Ave., Punta Gorda, FL 33955.

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

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

Agents and Corporations, Inc. 300 Fifth Avenue South Suite 101-330 Naples, FL 34102

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.

Agenté and Corporations, inc.

By: John L. Williams, Vice President

ARTICLE IV - Management (Check box if applicable.) [v]

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager — managed company.

ARTICLE V -- Manager:

The initial Manager(s) of the Limited Liability Company shall be:

Juliot Anne Jones

A. Richard Jongs

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.)

<u>Juliet Anne Jones</u>
Typed or printed name of signee

SECRETARY OF STATE