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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DORAL CORPORATE FILING SERVICE

Account Number : 120070000081

: (305) 436-0979

Fax Number

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Ema	il	Address:	

## FLORIDA LIMITED LIABILITY CO. ROAD TECHNOLOGY SERVICES, LLC.

Certificate of Status	0
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Page Count	03
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EXAMINER

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## 110000064526

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTREES OF ORGANIZATION FOR	FLORIDA LIVILI ED LIABILITA COMPANA
ARTICLE I - Name:	
The name of the Limited Liability Company	is:
ROAD TECHNOLOGY SERVICES, L	
(Must end with the words "Limited Li	lability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability companies is:
Principal Office Address:	Mailing Address:
2415 NW 97TH AVE DORAL , FL 38172	2415 NW 87TH AVE DORAL , FL 33172
ARTICLE III - Registered Agent, Register. (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature &
The name and the Florida street address of the	ne registered agent are:
Marlene Fernandez-Tor	op .
Na	
2415 NW 97TH AVE	
Florida street	address (P.O. Box NOT acceptable)
Doral	FL 33172
City,	, State, and Zip
	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as

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..

Registered Agent's Signature (REQUIRE)

(CONTINUED)
Page 1 of 2

## MAR-23-2010 13:52 From:Doral Corp Filins 3055925575 To:18506176383 Page: 3/3

Title: "MGR" = Manager "MGRM" = Managing M	Name and Address:  Member
MGR	VISATEL GROUP, INC.
	2415 NW 97TH AVE DORAL , FL 33172
MGRM	,
MGNM	NISHAN BANQJAKEDJIAN
	2415 NW 97TH AVE DORAL , FL 33172
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(Use attachment if neces	ssary)
	other than the date of filing: (OPTIONAL)
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ffective date is listed, the days after the date of fill REQUIRED SIGNATU	URE:  ure of a member or an authorized representative of a member.
ffective date is listed, the days after the date of fill REQUIRED SIGNATU  Signatur  (In according)	URE:

Typed or printed name of signee