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Fax Number : (850)617-6383

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Account Number: 072450003255 : (305)634-3694 Phone Fax Number : (305)633-9696

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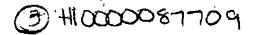
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NDI SOLUTIONS, LLC.		
ARTICLE II-Address:		
The mailing address and street add Company is:	ress of the principal office of the Limited Liabili	ty
Principal Office Address:	Mailing Address:	
Noel D. Izquierdo 7935 SW 198 TH Terrace Cutler Bay, FL 33189	Noel D. Izquierdo 7935 SW 198 th Terrace Cutler Bay, FL 33189	
ARTICLE III- Registered Agent, R The name and the Florida street add	legistered Office, & Registered Agent's Signature dress of the registered agent are:	3;
	Jose I. Carrillo, Esq.	
:		
	NAME	
	NAME	
5820 B1		
5820 Bi Florida street s	NAME ue Lagoon Drive, Suite 125	

Registered Agent's Signature

with the provisions of all stafutes relating to the proper and complete performance of my duties, and I am familiar with and accept the abligations of my position as registered

PORTS OCCOOLH

agent as provided for in Chapter \$08, Florida Statutes.

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Page 1 of 2 (CONTINUED)

ARTICLE IV-Manager(s) or M	Ixoaging Member(s):
----------------------------	---------------------

Title:

Name and address:

"MGR"= Manager "MGRM"=Managing Member

MGR

Noel D. Izquierdo 7935 SW 198th Terrace Cutler Bay, FL 33189

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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).

Nost D. IZQUIERDO
Typed or printed name of signee

Filing Pees:

\$100,00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Register Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Cartificate of Status (Optional)

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