

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L10000046713  
FILED 8:00 AM  
April 30, 2010  
Sec. Of State  
btadlock

**Article I**

The name of the Limited Liability Company is:

CAPITAL RECOVERY AND FULFILLMENT SERVICES, LLC

**Article II**

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

1194 ALADDIN RD.  
SPRING HILL, FL. 34609

The mailing address of the Limited Liability Company is:

1194 ALADDIN RD.  
SPRING HILL, FL. 34609

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

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

MARK A WASMILLER  
1194 ALADDIN RD.  
SPRING HILL, FL. 34609

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.

Registered Agent Signature: MARK A WASMILLER

## Article V

The name and address of managing members/managers are:

Title: MGRM  
MARK A WASMILLER  
1194 ALADDIN RD  
SPRING HILL, FL. 34609 US

Title: MGR  
ADAM N DILLAPLAIN  
1194 ALADDIN RD  
SPRING HILL, FL. 34609 US

Signature of member or an authorized representative of a member

Signature: ADAM N DILLAPLAIN

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