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A1a Incorporation

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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****Enter the email 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.
ACCOUNT RECEIVABLE CONTROL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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

In compliance with Chapter 608, F.S.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE I NAME**

The name of the Limited Liability Company is:

ACCOUNT RECEIVABLE CONTROL LLC

ARTICLE II ADDRESS

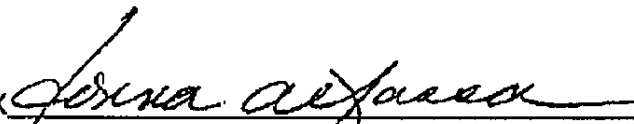
The mailing address and street address of the principal office of the Limited Liability Company is:

4917 NW 55TH COURT
TAMARAC, FLORIDA 33319**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

DONNA ALFASSA
4917 NW 55TH COURT
TAMARAC, FLORIDA 33319

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 
DONNA ALFASSA / Registered Agent's signature

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ARTICLE IV MANAGEMENT

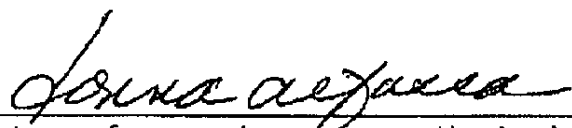
The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
DONNA ALFASSA
4917 NW 55TH COURT
TAMARAC, FLORIDA 33319

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TALLAHASSEE, FLORIDA

.....

x 
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.

DONNA ALFASSA

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