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**FLORIDA LIMITED LIABILITY CO.
TNE SOLUTIONS LLC**

Certificate of Status	0
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T. HAMPTON

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FAX AUDIT # H100002210183

**ARTICLES OF ORGANIZATION
OF
TNE SOLUTIONS LLC**

ARTICLE I NAME

The name of the limited liability company shall be: TNE SOLUTIONS LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
11575 NW 71 Place, Parkland, Florida 33076.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Daniel Pronman, 11575 NW 71 Place,
Parkland, Florida 33076. Located in the County of Broward.


ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and
address of the member of the Limited Liability Company is:

Daniel Pronman, 11575 NW 71 Place, Parkland, Florida 33076


Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative
Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,
WI 53717
608-827-5300

Date: October 6, 2010

FAX AUDIT # H100002210183

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FAX AUDIT # 4100002210183CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: TNE SOLUTIONS LLC

The name and address of the registered agent and office is Daniel Pronman, 11575 NW 71 Place, Parkland, Florida 33076. Located in the County of Broward.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Daniel PronmanDate: Oct 6 2010FAX AUDIT # 4100002210183

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