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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC
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FLORIDA LIMITED LIABILITY CO.
STATRUN 24/7 LLC

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

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

STATRUN 24/7 LLC

ARTICLE II ADDRESS

The principal office of the Limited Liability Company is:

7651 W ANTHONY ROAD LOT #10
OCALA, FLORIDA 34479

The mailing address of the Limited Liability Company is:

PO BOX 607
ANTHONY, FLORIDA 32617

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &

REGISTERED AGENT SIGNATURE

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

BEVERLY SURRATT
7651 W ANTHONY ROAD LOT #10
OCALA, FLORIDA 34479

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 Beverly Surratt

BEVERLY SURRATT / 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

BEVERLY SURRATT

7651 W ANTHONY ROAD LOT #10

OCALA, FLORIDA 34479

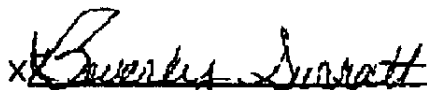
MANAGING MEMBER

JAMES SURRATT

7651 W ANTHONY ROAD LOT #10

OCALA, FLORIDA 34479

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TALLAHASSEE, FLORIDA

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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.

BEVERLY SURRATT

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