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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
Account Number : I20070000160
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FLORIDA LIMITED LIABILITY CO.

#1 Cabs LLC

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EXAMIN

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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:

#1 CABS LLC

ARTICLE II ADDRESS

The principal office of the Limited Liability Company is:

15918 THROUGHREAD LANE
MONTVERDE, FLORIDA 34756

The mailing address of the Limited Liability Company is:

PO BOX 1800
MINNEOLA, FLORIDA 34755

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

PHYLLIS BEVERIDGE
15918 THROUGHREAD LANE
MONTVERDE, FLORIDA 34756

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


PHYLLIS BEVERIDGE / Registered Agent's signature

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PAGE 2 #1 CABS LLC

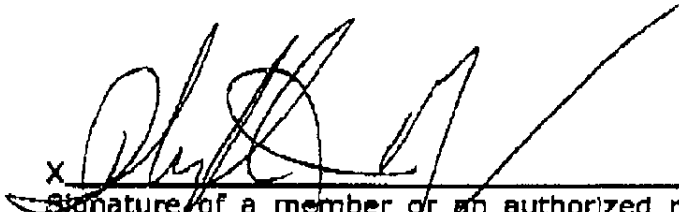
ARTICLE IV MANAGEMENT

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
PHYLLIS BEVERIDGE
PO BOX 1800
MINNEOLA, FLORIDA 34755

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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.

PHYLLIS BEVERIDGE

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