Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BRETT HENDEE, P.A.

Account Number : I19980000066 Phone : (813)258-1177 Fax Number : (813)259-1106

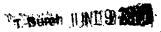
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FLORIDA LIMITED LIABILITY CO. AVP SSNS, LLC

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ARTICLES OF ORGANIZATION OF

AVP SSNS, LLC

ARTICLE I-Name

The name of the limited liability company shall be AVP SSNS, LLC.

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ARTICLE II-Address

The street address of the principal office of the limited liability company is: 1700 South MacDill Avenue, Suite 340, Tampa, Florida 33629. The mailing address of the principal office of the limited liability company is: 1700 South MacDill Avenue, Suite 340, Tampa, Florida, 33629.

ARTICLE III-Registered Agent

The name and the Florida street address for the registered agent of the limited liability company is: Brett Hendee, Esquire, c/o Brett Hendee, P.A., 1700 South MacDill Avenue, Suite 200, Tampa, Florida 33629.

Signature of a member or an authorized representative of a member

(In accordance with Section 605.0205(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Brett Hendee Typed or printed name of signee

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ACCEPTANCE OF DESIGNATION

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the duties, and the undersigned is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 605, Florida Statutes.

Brett Hendee, Esquire Brett Hendee, P.A.

1700 S MacDill Ave, STE 200

Tampa, FL 33629