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## FLORIDA LIMITED LIABILITY CO. SMART CT SOLUTIONS, LLC

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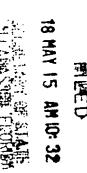
## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(M			of f C " as of f C "\
	ust contain the words "Limited Lis	aonky Company,	L.L.C., Or LLC. )
ARTICLE II - Address The mailing address and	street address of the principal offi	ce of the Limited	Liability Company is:
	Principal Office Address:		Mailing Address:
3309 GRAN	ADA BLVD	SAM	<u> </u>
CORAL GA	BLES, FL 33134		
The Limited Liability C	ared Agent, Registered Office, &	egistered Agent. \	t's Signature: (ou must designate an individual o
(The Limited Liability Canother business entity	ompany cannot serve as its own R with an active Florida registration.  a street address of the registered a	egistered Agent. ) ) gent are:	t's Signature: (ou must designate an individual o
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(The Limited Liability Canother business entity	company cannot serve as its own R with an active Florida registration. a street address of the registered a ANGEL HERNANDE. It is a 3309 GRANADA BLV	egistered Agent. \ ) gent are: Z Name	ou must designate an individual o

he nd I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)



"AMBR" = Authorized Member "MGR" = Manager AMBR  ANGEL HERNANDEZ 3309 GRANADA BLVD CORAL GABLES, FL 33134  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  (OPTIC Rective date is listed, the date must be specific and cannot be more than five business days profiling.)  If the date inserted in this block does not meet the applicable stanutory filing requirements, this comment's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REOUTRED SIGNATURBS:  Signature of a member or an authorized representative of a member of an aware that any false information submitted in a document to the Department of	ANGEL HERNANDEZ  3309 GRANADA BLVD  CORAL GABLES, FL 33134  Effective date, if other then the date of Eling:  (OPTIONAL)  date is listed, the date must be specific and cannot be more than five business days prior to or get;  te inserted in this block does not meet the applicable stantory filling requirements, this date will reflective date on the Department of State's records.  Other provisions, if any.  TIRED SIGNATURES  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statute I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  ANGEL HERNANDEZ	Title:	Name and Address:
"MGR" = Manager AMBR  ANGEL HERNANDEZ 3309 GRANADA BLVD CORAL GABLES, FL 33134  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing: (OPTIC flective date is listed, the date must be specific and cannot be more than five business days profile date inserted in this block does not meet the applicable stanutory filing requirements, this comment's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an autholized representative of a member of a management in the Department of the date in accordance with section 605.0203 (1) (b), Floring I am aware that any false information submitted in a document to the Department of the degree felony as provided for in s.817.155, F.S.  ANGEL HERNANDEZ Typed or printed name of signee  Filting Fees:  \$125.00 Filting Fee for Articles of Organization and Designation of Registered Agent	ANGEL HERNANDEZ  3309 GRANADA BLVD  CORAL GABLES, FL 33134  Effective date, if other then the date of Eling:  (OPTIONAL)  date is listed, the date must be specific and cannot be more than five business days prior to or get;  te inserted in this block does not meet the applicable stantory filling requirements, this date will reflective date on the Department of State's records.  Other provisions, if any.  TIRED SIGNATURES  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statute I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  ANGEL HERNANDEZ	<del></del>	
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