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To:

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Fax Number : (850)205-0383

From:

*Dany O. Sulez, Legal Asst.*  
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
Account Number : 075471001363  
Phone : (305)374-5600  
Fax Number : (305)374-5095

**LIMITED LIABILITY COMPANY**

**SERVICE NORTH, LLC**

Certificate of Status	0
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ARTICLES OF ORGANIZATION  
OF  
SERVICE NORTH, LLC

2005 JAN 21 P 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **Service North, LLC**

**ARTICLE II: - Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

401 E. Las Olas Boulevard  
Suite 1140  
Fort Lauderdale, Florida 33301

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

American Information Services, Inc.  
One Southeast Third Avenue, 28<sup>th</sup> FL  
Miami, Florida 33131

*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, 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.*

American Information Services, Inc.

By: *Nery C. Toledo*, Assistant Secretary  
Registered Agent

*Jonathan L. Awner*  
Jonathan L. Awner, Esq.  
Authorized Representative of a Member

Signed and dated this 2<sup>nd</sup> day of January, 2005.

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