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From: *[Signature]*
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
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RECEIVED
05 DEC 15 AM 7:47
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY
SERVICE NEW ORLEANS, LLC

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
SERVICE NEW ORLEANS, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is: **Service New Orleans, 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, 28th 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*
Nery C. Toledo, Assistant Secretary
Registered Agent

Grace Laba
Grace Laba, Esq.
Authorized Representative of a Member

Signed and dated this 15 day of December, 2005.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA