



L020000006442

ACCOUNT NO. : 072100000032

REFERENCE : 474341 7328794

AUTHORIZATION : *Patricia Rojas*

COST LIMIT : \$ 125.00

ORDER DATE : March 14, 2002

ORDER TIME : 10:50 AM

ORDER NO. : 474341-001

CUSTOMER NO: 7328794

100005134601

CUSTOMER: Mr. Paul G. Mandel
Mr. Paul G. Mandel

1460 Gulf Blvd
901
Clearwater, FL 33767

DOMESTIC FILING

NAME: OMT FINANCIAL SERVICES, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - EXT. 1118

EXAMINER'S INITIALS:

02 MAR 19 PM 3:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 RECEIVED
 02 MAR 19 PM 12:23
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

APPROVED AND FILED

DB
3/19/02

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OMT FINANCIAL SERVICES, LLC

ARTICLE II - Address:

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

1460 GULF BOULEVARD, 901, CLEARWATER, FL 33767

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

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

CORPORATION SERVICE COMPANY		
Name		
1201 HAYS STREET		
Florida street address (P.O. Box NOT acceptable)		
TALLAHASSEE	FL	32301
City, State, and Zip		

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..

CORPORATION SERVICE COMPANY

By: Deborah D. Skipper

Registered Agent's Signature

Deborah D. Skipper
Asst. V. Pres.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Deborah D. Skipper

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.)

Deborah D. Skipper

Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

MANAGING MEMBERS
OF
OMT FINANCIAL SERVICES, LLC

Paul Garber Mandel
1460 Gulf Boulevard 901
Clearwater FL 33767


Das

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

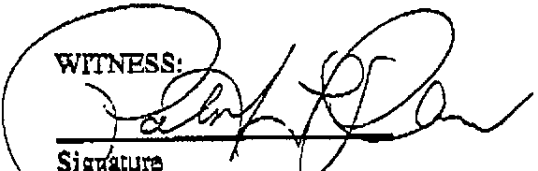
LIMITED POWER OF ATTORNEY

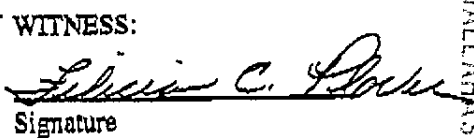
The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of OMT FINANCIAL SERVICES, LLC, (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 18 day of March, 2002.


Signature

Paul Mandel
Print Name of Signer

WITNESS:

Signature
PATRICK L. PLOVER
Print Name of Witness

WITNESS:

Signature
FELICIA C. PLOVER
Print Name of Witness

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 19 PM 3:20

APPROVED AND FILED

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