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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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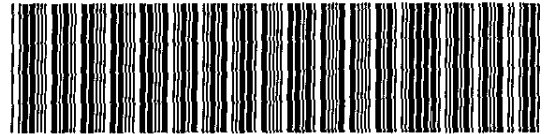
(Business Entity Name)

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August 19, 2003

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VIA HAND-DELIVERY

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

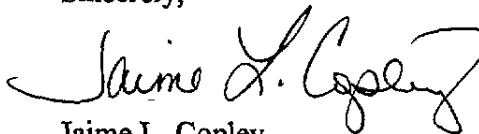
Re: Split Pine Consulting, L.L.C.

Dear Sir or Madam:

Please find enclosed for filing with your office the original Articles of Organization and Certificate of Designation of Registered Agent/Registered Office for Split Pine Consulting, LLC. Also enclosed is our firm's check in the amount of One Hundred Twenty-Five Dollars (\$125.00) for payment of the required fees.

If you have any questions, please contact either Mark Haney or me.

Sincerely,



Jaime L. Copley,
Paralegal to Mark T. Haney

Enclosures: As noted

ARTICLES OF ORGANIZATION
OF
SPLIT PINE CONSULTING, L.L.C.

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The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is Split Pine Consulting, L.L.C. (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

This Company shall be organized for the purposes of engaging in the consulting and negotiating of high-tech security systems, in real estate development, and other related services and investments, and for any other business or purpose which is lawful under the laws of the State of Florida. . The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. ADDRESS OF PLACE OF BUSINESS.

The mailing and street address of the place of business in Florida for the Company is 1400 Metropolitan Boulevard, Tallahassee, Florida 32308. Such address may be changed from time to time as provided in the Operating Agreement.

5. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: John R. Waddill, and the initial registered office is located at 24705 Derby Drive, Sorrento, Florida 32776.

6. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company is as follows: One Hundred and No/100 Dollars (\$100.00) in cash.

7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

8. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

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9. MANAGEMENT.

The Company shall be managed by the Member(s). All deeds, notes, mortgages, bills of sale, assignments and other documents purporting to transfer title to any real property, personal property or intangible property of the Company shall require the signature of all Members.

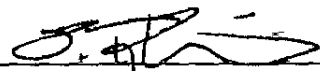
10. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Member or former Member to the full extent permitted under the Florida Limited Liability Company Act.

11. EFFECTIVE TIME.

These Articles shall be effective when filed with the Florida Department of State.

Executed at Tallahassee, Florida, on the 29th day of July, 2003.


By: John R. Waddill, Member

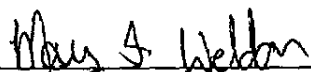
STATE OF FLORIDA,
COUNTY OF LEON.

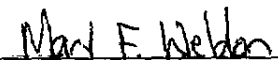
The foregoing instrument was acknowledged before me this 29th day of July, 2003, by John R. Waddill. He is personally known to me or has produced _____ as identification.

(SEAL)



Mary F. Weldon
MY COMMISSION # DD185926 EXPIRES
February 20, 2007
BONDED THRU TROY FAIN INSURANCE, INC.


NOTARY PUBLIC - STATE OF FLORIDA


Print, Type or Stamp Name of Notary Public