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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : FLORIDA & OFFSHORE BUSINESS FORMATION, INC.  
Account Number : I20010000099  
Phone : (775)884-1357  
Fax Number : (775)892-6818

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**NORTHEAST INVESTMENT GROUP LLC**

Certificate of Status	1
Certified Copy	0
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**ARTICLES OF ORGANIZATION OF  
NORTHEAST INVESTMENT GROUP, LLC.  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name**

The name of the Limited Liability Company is: NORTHEAST INVESTMENT GROUP, LLC.

**ARTICLE II**

**Address**

The mailing address and street address of the principal office of the Limited Liability Company is; 20 S. Broad Street, Brooksville, FL 34601.

**ARTICLE III**

**Registered Agent**

The name of the initial resident agent and the initial address of the registered office where process may be served in the State of Florida is: Florida & Offshore Business Formation, Inc., 20 S. Broad Street, Brooksville, FL 34601.

**ARTICLE IV**

**Management**

The Limited Liability Company is to be managed by a manager or managers and the names and addresses of the managers are: Anthony Scotman, 13133 S.W. 16<sup>th</sup> Street, Davie, FL 33325.

**ARTICLE V**

**Admission of Additional Members**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: limited as more particularly described in the Operating Agreement of the Company

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**ARTICLE VI**

**Members Rights to Continue Business**

The right, if given, of the remaining members of the limited liability company to continue the business on 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 limited liability company shall be: limited as more particularly described in the Operating Agreement of the Company

In accordance with section 608.408(3), Florida Statutes, the execution of the document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Signature of authorized representative or a member  
Sandra L. Miller

Dated: 3/30/06

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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited company is: Northeast Investment Group, LLC.
- 2. The name and address of the registered agent and office is:

Florida & Offshore Business Formation, Inc.  
20 S. Broad Street  
Brooksville, FL 34601

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.

  
 Alan Teegardin  
 For and on behalf of Florida & Offshore  
 Business Formation, Inc.

Dated: 3/20/2006

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