## Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850)385-6735

Fax Number : (800)881-6761

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## LIMITED LIABILITY COMPANY

POWER FORCE, LLC

[A]

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

# ARTICLES OF ORGANIZATION OF POWER FORCE, LLC

The undersigned Organizers of a limited liability company organized under the Florida Limited Liability Company Act does hereby adopt the following Articles of Organization of Organization (Company).

## NAME OF THE LIMITED LIABILITY COMPANY

The name of the limited liability company shall be Power Force, LLC.

## ARTICLE II ADDRESS

The address of the initial registered office of the limited liability company is 27 Fletcher Avenue, Sarasota, Florida 34237. The initial registered agent at such address is David Finkelstein.

#### ARTICLE III PRINCIPAL OFFICE

The address of the principal office of the limited liability company is is 27 Fletcher Avenue, Sarasota, Florida 34237. The mailing address is the same.

#### ARTICLE IV PERIOD OF DURATION

The limited liability company's existence shall commence upon the acceptance of these Articles of Organization by the Secretary of State of Florida for filing and shall operating agreement, or as otherwise provided by law.

#### ARTICLE V WRITTEN OPERATING AGREEMENT

Any operating agreement entered into by the members of the limited liability company, and any amendments or reinstatements thereof shall be in writing. No oral agreement among any members or managers of the limited liability company shall be deemed or construed to constitute any portion of it, or otherwise affect the interpretation of, any written operating agreement of the limited liability company in existence and as amended from time to time.

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#### ARTICLE VI MANAGEMENT

The business and affairs of the limited liability company shall be governed by members in the manner and subject to the limitations set forth in an operating agreement. The addresses of the members are as follows: Kevin Kinney, Sr., P.O. Box 1346 Palmetto, Florida 34220-1246. The actions of a member, manager, or any other person acting in any capacity other than as a manager of the limited liability company in accordance with the terms of its operating agreement shall not bind the limited liability company.

#### ARTICLE VII ADMISSION OF ADDITIONAL MEMBERS

Additional members may be admitted to the limited liability company only upon unanimous consent of the members.

## ARTICLE VIII CONTINUATION AFTER DISASSOCIATION OF A MEMBER

The limited liability company will continue to exist after the disassociation of a member if the remaining members agree by majority vote to continue the company.

IN WITNESS WHEREOF, the aforesaid organizer has caused the execution of the foregoing Articles of Organization on this \_\_\_\_\_\_day of March, 2000.

Organizer of Power Force, L.C.

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STATE OF FLORIDA

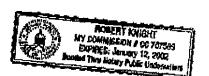
COUNTY OF MANATEE

The foregoing instrument was acknowledged before me this 914 day of March, 2000 by Kerin Kinney, who is personally known to me, or who has

Given unto my hand and official seal, this \_ 74 day of March, 2000.

My Commission expires:





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### CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE AND AGENT FOR SERVICE OF PROCESS WITHIN FLORIDA

In compliance with 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 liability company is: Power Force, 242.
- 2. The name and address of the registered agent and office is:

David Finkelstein (Name)

27 Fletcher Avenue, Sarasota, Florida 34237 (Address)

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.

(Signature)

(Date)

DEVISION OF CONFORMATION