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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Marc R. Edelman, Esq.

4301 W. Granada Street

Tampa, FL 33629

813.289.6518

01 APR 23 PM 3:35

Registration Section
Division of Corporations
Att: Ms. Brenda Tadlock
409 E. Gaines Street
Tallahassee, FL 32399

Dear Ms. Tadlock,

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-04/24/01--01004--011

****160.00 ****160.00

Thank you for taking my call on Friday, April 20.

Enclosed please find Articles of Organization for Florida Limited Liability Company for FLOHHS Recovery Systems, LLC.

If you have any questions or require additional information, I may be reached during business hours at 813.289.6518. My fax number is 813.287.5757.

Thank you very much for your assistance and prompt attention to this matter.

Sincerely,

Marc R. Edelman, Esq.
FL Bar # 0096342

Mr. Edelman GAVE

AUTHORIZATION BY PHONE TO

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DATE 4/23/01

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TOTAL 160.00
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**Articles of Organization for Florida
Limited Liability Company**

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Article I:
Name

The name of the Limited Liability Company is **FLOHHS RECOVERY SYSTEMS, LLC.**

Article II:
Address

The mailing address and street address of the principal office of **FLOHHS RECOVERY SYSTEMS, LLC.** is:

FLOHHS RECOVERY SYSTEMS, LLC.

4 Shore Drive
Palm Harbor, FL 34683
(street address)

FLOHHS RECOVERY SYSTEMS, LLC.

P.O. Box 130
Ozona, FL 34660
(mailing address)

Article III:
Duration

The period of duration for **FLOHHS RECOVERY SYSTEMS, LLC** shall be perpetual.

Article IV:
Management

The Limited Liability Company is to be managed by the members, and the names and addresses of the members are:

Bill M. Honey
4 Shore Drive
Palm Harbor, FL 34683

Paul E. Forshey
6649 Marina Drive Court
#107
Tampa, FL 33635

James W. Higgins
114 Citrus Avenue
Dunedin, FL 34698

Article V:
Additional Members

The right of the members to admit additional members and the terms and conditions of the admission shall be:

Remaining members shall have the right to admit additional members upon termination of any of the current memberships caused by death, or any other cause of termination.

Article VI:
Continuation of Business

The right 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:

Remaining members shall have the right to continue business of **FLOHHS RECOVERY SYSTEMS, LLC.** upon any termination of any of the current memberships.

Article VII:
Transferability of Interest

The right of the members of the limited liability company to transfer their interest in the limited liability company and confer upon the transferee all of the attributes of the member's interest in the limited liability company is prohibited without the express consent of the other members. In the event of death, the transferor may transfer his interest.

Paul E. Forshey, CEO
Signature of Member/Authorized Representative of
Member

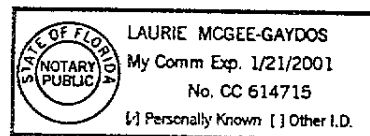
Sworn and subscribed to before me on

this 17th day of April, 2001.

Laurie McGee-Gaydos

Notary Public, State of Florida

My Commission Expires: 1/21/2001



Personally known : X
Produced Identification : _____
Type of Identification Produced: _____

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED COMPANY, ORGANIZED UNDER THE LAW OF THE STATE OF FLORIDA, 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:


FLOHHS RECOVERY SYSTEMS, LLC

2. The name and address of the registered agent and office is:

Marc R. Edelman
5005 W. Laurel Street, Suite 209
Tampa, FL 33607

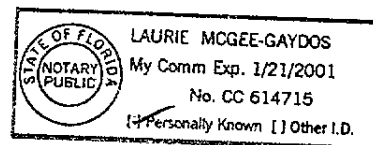
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Having been named as registered agent and to accept service of process for the above-stated limited company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. Further, I 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)

4-17-01
(Date)

Sworn and subscribed to before me on
this 17th day of April, 2001.




Notary Public, State of Florida
My Commission Expires: 1/21/2001

Personally known : X
Produced Identification : _____
Type of Identification Produced: _____