

Division of Corporations

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Florida Department of State
Division of Corporations
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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)882-6818

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RECEIVED

LIMITED LIABILITY COMPANY

Project Support Services, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION OF
Project Support Services, LLC
A FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I

Name

The name of the Limited Liability Company is: Project Support Services, 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 members and the names and addresses of such members are: Gerald T. Gracey, 20 S. Broad Street, Brooksville, FL 34601.

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 member



Sandra L. Miller Organizer

Dated: 4 February 2002

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

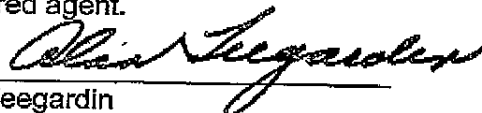
PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited company is: Project Support Services, 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

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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: 4 February 2002