102000014593

June 5, 2002

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

4(:0005753974---0 -06/11/02--01094--008 *****160.00 ****160.00

RE: <u>Charge-O-Matic & Energy Recovery Device, LLC.</u> Gentlemen:

Enclosed please find the original and one copy of Articles of Organization For Florida Limited Liability Company together with my check in the amount of \$160.00.

This represents the cost of the Filing Fee for Articles of Organization, Designation of Registered Agent, Certified Copy and Certificate of Status for the above named Limited Liability Company.

Very truly yours,

Tommy Long

MAILING ADDRESS OF CORPORATION

CHARGE-O-MATIC & ENERY RECOVERY DEVICE, LLC.

928 SKYLARK DRIVE Fort Pierce, Florida 34982

Phone: (772) 359-5891

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHARGE-O-MATIC & ENERGY RECOVERY DEVICE, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

928 SKYLARK DRIVE, FORT PIERCE, FLORIDA 34982

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

THOMAS LONG
Name
928 SKYLARK DRIVE
Florida street address (P.O. Box NOT acceptable)
FORT PIERCE 34982
City, State, and Zip

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 by registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

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

THOMAS LONG

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)