

Division of Corporations

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

Attn: Sue Deverson
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From: Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954) 525-7500
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LIMITED LIABILITY COMPANY

Custom Tool Supply, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

DB
12-23-02

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**ARTICLES OF ORGANIZATION
OF
CUSTOM TOOL SUPPLY, LLC**

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

**ARTICLE I
NAME**

The name of this limited liability company is:

Custom Tool Supply, LLC

**ARTICLE II
PRINCIPAL OFFICE/MAILING ADDRESS**

The principal office and mailing address of this limited liability company is:

5600 NW 12th Avenue
Suite 305
Fort Lauderdale, FL 33309

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED
AGENT'S SIGNATURE**

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

Gregory A. McLaughlin, Esq.
c/o Tripp Scott, P.A.
110 SE 6th Street, 15th Floor
Fort Lauderdale, FL 33301

Prepared By: Gregory A. McLaughlin, Esq.
FL Bar No. 318794
Tripp Scott, PA
P. O. Box 14245
FL Lauderdale, FL 33302
(954) 525-7500

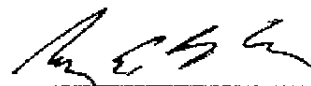
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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 as provided for in Chapter 608, F.S.



Gregory A. McLaughlin
Registered Agent

ARTICLE IV MANAGEMENT

The limited liability company is to be managed by one or more managers and is, therefore, a manager-managed company.



Gregory A. McLaughlin
Authorized Representative of the Members

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

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SECRETARY OF
STATE
TALLAHASSEE, FLORIDAAPPROVED
AND
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