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(Requestor	's Name)
(Address)	
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PICK-UP	WAIT MAIL
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SCCRETARY OF STATE TALLAHASSEE, FLORIDA



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE: 874257 7361669

AUTHORIZATION

COST LIMIT :

ORDER DATE: February 17, 2003

ORDER TIME: 12:54 PM

ORDER NO. : 874257-001

CUSTOMER NO: 7361669

CUSTOMER: Mr. David G. Hohl

Mr. David G. Hohl

1222 S. Dale Mabry Ave. #617

Tampa, FL 33629

DOMESTIC FILING

NAME:

SCAN AMERICA USA, LLC

EFFECTIVE DATE:

	CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:
xx	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT	PERSON: Susie Knight - EXT. 1147 EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE I - Name:

The name of the Limited Liability Company is:

SCAN AMERICA USA, LLC

03 FEB 17 PM 1:27 SEURETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

1222 S. Dale Mabry Avenue #617, Tampa, Florida 33629

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

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

Corporation Se	rvice Compa	any
Nan	ne	
1201 Hays	Street_	
Florida street address (P	O. Box <u>NOT</u>	acceptable)
Tallahassee	FL	3230

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.

Corporation Service Company .

By: A Service Company .

Registered Agent's Signature

Registered Agent's Signature

Asst. V. Pres.

(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.)

Deborah D. Skipper
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)

MANAGING MEMBERS OF: SCAN AMERICA USA, LLC

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dyan R. Venable 6 Wheatley Lane Bella Vista, AR 72714

David G. Hohl 208 Beane Run Rockingham, NC 28379

Robert S. Venable 1222 S. Dale Mabry Ave. Tampa, FL 33629

FAX:850 5211010

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LIMITED POWER OF ATTORNEY

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of SCAN AMERICA USA, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the mattern described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this

Print Name of Witness

day of

Print Name of Signer

WITNESS:

Print Name of Witness

R. S. VENADU