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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Registration Section  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

To Whom It May Concern:

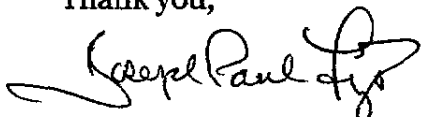
Please find the enclosed Articles of Organization for TECHNETIUM CREATIVE, LLC, as well as a check for \$155. This check is to cover the \$100 filing fees, \$25 designation of Registered Agent fee, and \$30 for a Certified Copy.

My contact information is:

Joe Forgé  
TECHNETIUM CREATIVE, LLC  
5610 Berwood Drive  
Orlando, FL 32810  
407-234-8747  
jforget@cfl.rr.com

Please contact me if you have any questions.

Thank you,



Joseph Paul Forgé

CSC

04/08 '03 16:06 NO.575 02/02

4/8/2003 3:49 PM FROM: Fax Technetium Creative, LLC TO: 1-302-636-5454 PAGE: 004 OF 004

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TECHNETIUM CREATIVE, LLC

**ARTICLE II - Address:**

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

5610 Barwood Drive, Orlando, FL 32810

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

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

Corporation Service Company

Name

1201 Nays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL

32301

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

Corporation Service Company

By:



Registered Agent's Signature

Jacqueline N. Casper

Assistant Vice President

(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.)

Joseph Paul Forget

Typed or printed name of signer

**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)