

**L030000021764**

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

From: Account Name : CLIFFORD M. KING  
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**LIMITED LIABILITY COMPANY**

VSM Project Management, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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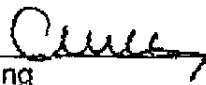
*Handwritten signature/initials*

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ARTICLES OF ORGANIZATION  
OF  
VSM PROJECT MANAGEMENT, LLC

1. Name. The name of the Limited Liability Company is:  
VSM Project Management, LLC
2. Principal Office. The principal office of the Limited Liability Company is:  
11319 Pine Lilly Place  
Bradenton, FL 34202
3. Mailing Address. The mailing address of the Limited Liability Company is:  
11319 Pine Lilly Place  
Bradenton, FL 34202
4. Registered Agent, Registered Office, & Registered Agent's Signature. The name and the Florida street address of the registered agent are:  
Clifford M. King  
2033 Main Street, Suite 303  
Sarasota, FL 34237

*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 obligation of my position as registered agent as provide for in Chapter 608, F.S.*

  
Clifford M. King

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

Dated this 14 day of June, 2002.

  
Valerie Stafford-Mallis, Member

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