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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 305971 6099A

AUTHORIZATION :

COST LIMIT : \$ 155.00

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ORDER DATE : November 3, 2003

ORDER TIME : 2:33 PM

ORDER NO. : 305971-005

CUSTOMER NO: 6099A

CUSTOMER: Martin V. Katz, Esq
Moyle Flanigan Katz Raymond &
Sheehan, P.a.
P.o. Box 3888

West Palm Beach, FL 33402-3888

DOMESTIC FILING

NAME: LABTOPIA, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 1140

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
LabTopia, LLC**

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NOV - 3
AM 9:20
TALLAHASSEE
FLORIDA

The undersigned hereby forms and establishes a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company is LabTopia, LLC("Company").

ARTICLE II

This limited liability company shall have the perpetual existence from the date of filing these Articles with the Department of State unless sooner terminated by law.

ARTICLE III

The mailing address and street address of the principal place of business of the Company is 625 N. Flagler Drive, 9th Floor, West Palm Beach, FL 33401. The Company may at its discretion, at any time, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this Company is Martin V. Katz, 625 N. Flagler Drive, 9th Floor, West Palm Beach, FL 33401.

ARTICLE V

The name and address of the initial managing member is: Peter Ballard, whose address is 625 N. Flagler Drive, 9th Floor, West Palm Beach, FL 33401.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 31 day of October, 2003.

AUTHORIZED REPRESENTATIVE OF
MEMBER

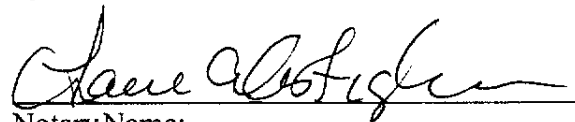

MARTIN V. KATZ

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

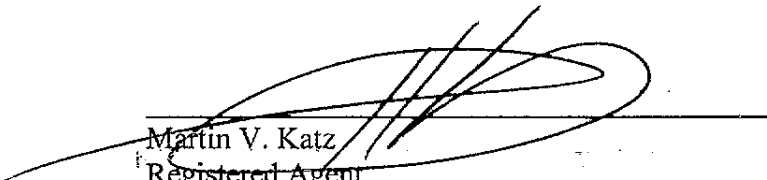
The foregoing instrument was acknowledged before me this 31st day of Oct, 2003, by Martin V. Katz, who is personally known to me, **OR** has produced personally known as identification.



(NOTARY STAMP)


Notary Name: _____
Notary Public
Serial (Commission) Number
(If any) _____

I am familiar with and hereby acknowledge and accept the obligations of the Registered Agent for LabTopia, LLC


Martin V. Katz
Registered Agent