

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-8383

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : I20000000088
Phone : (800) 221-0102
Fax Number : (212) 564-6083

RECEIVED

04 JUN 23 PM 1:33

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY**IMS SAFETY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

04 JUN 23 AM 8:56

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JUN-23-2004(WED) 00:57 National Corporate Research

(FAX) 518 434 2771

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Ex Date/Time JUN-22-2004(TUE) 04:32

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

IMS Safety, LLC

ARTICLE II - Address:

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

Principal Office Address:

5500 NW 15th Street

Suite M4

Margate, FL 33063

Mailing Address:

5500 NW 15th Street

Suite M4

Margate, FL 33063

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

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

National Corporate Research, Ltd., Inc.

Name

103 N. Meridian Street

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

Tallahassee

FLORIDA 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, Florida Statutes..


Registered Agent's Signature

KAREN MCKEOWN, ASST. SECRETARY

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

IMS Safety Inc.

20 Shagbark Street

Middletown, NY 10941

MGRM

Bio-Recovery Corp.

51-49 47th Street

Woodside, NY 11371-7329

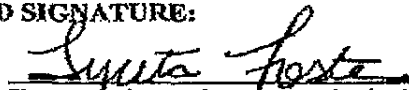
MGR

Luis Cevallos

1067 Avenue C, Apt. 4

Bayonne, NJ 07002

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**

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.)

Tyrela Foster, Esq.

Typed or printed name of signer

04 JUN 23 AM 8:56
FILL
SECRETARY OF STATE
DIVISION OF CORPORATIONS**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)