Florida Department of State
Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : COMPLIANCE CONSULTING CORPORATION OF FLORIDA

Account Number : 120010000135 Phone : (561)586-3645

Fax Number : (561)586-6335

LIMITED LIABILITY COMPANY

VTM OneStop, LLC

Certificate of Status	0
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7/28/04



July 29, 2004

COMPLIANCE CONSULTING CORPORATION OF FLORIDA

SUBJECT: VTM ONESTOP, LLC REF: W04000029050

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Tammi Cline Document Specialist FAX Aud. #: E04000155549 Letter Number: 704A00047628

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability company is:

VTM OneStop, LLC

ARTICLE II - Address:

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

14852 Crescent Cove Drive Ft. Myers, FL 33908

ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature: The name and the Florida street address of the registered agent are (P.O. Box NOT acceptable):

Compliance Consulting Corporation of Florida 521 Lake Ave., Suite 4 Lake Worth, FL 33460

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.

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

Title:

Name and Address:

Managing

David L. Patten

Member

14852 Crescent Cove Dr

Ft. Myers, FL 33908

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statues, the execution of this document constitutes an affirmation under the penalties of perjury hat the facts stated herein are true.)

David L. Patten

Typed or printed name of signee

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