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LIMITED LIABILITY COMPANY

investment one group llc

Name	
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ARTICLES OF ORGANIZATION
OF
INVESTMENT ONE GROUP LLC

The Undersigned person, acting as organizer of a limited liability corporation organized under the laws of Florida, hereby adopt the following

ARTICLE I: CORPORATE NAME

The name of the limited liability company is **INVESTMENT ONE GROUP LLC**

ARTICLE II: PRINCIPAL OFFICE

The mailing address and the street address of the principal office is 1919 Courtney Drive, Suite 2A, Fort Myers, FL, 33901

ARTICLE III: REGISTERED AGENT

The name and street address of the limited liability company's registered agent is:

Kenneth Jay Mace
Investment One Group LLC
1919 Courtney Drive
Suite 2A
Fort Myers, FL, 33901

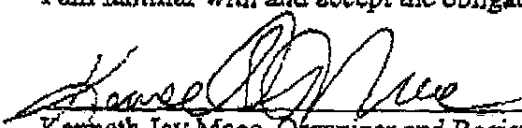
ARTICLE IV: MANAGING MEMBERS

KENNETH JAY MACE – MANAGING MEMBER
PAUL R. RHEAUME – MANAGING MEMBER

Certification

I certify that I have read the above Articles of Organization and that they are true and correct to the best of my knowledge.

I agree to act as registered agent to accept service of process for the corporation named above at the place designated in this Certificate. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.


Kenneth Jay Mace, Organizer and Registered Agent
1919 Courtney Drive Suite 2A
Fort Myers, FL 33901

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

From:
Account Name : GASSMAN & ASSOCIATES, P.A.
Account Number : 075350000514
Phone : (727)442-1200
Fax Number : (727)442-5829

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LIMITED LIABILITY COMPANY

FMT-ASC, L.L.C.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: **FMT-ASC, L.L.C.**

ARTICLE II - Address:

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

313 Signature Terrace
Safety Harbor, FL 34695

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

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

Alan S. Gassman
Name

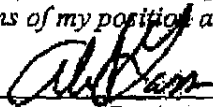
1245 Court Street, Suite 102

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

Clearwater, FL 33756

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.


Registered Agent's Signature

(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.)


ALAN S. GASSMAN

ARTICLES OF ORGANIZATION OF FMT-ASC, L.L.C.

Alan S. Gassman, Esquire
1245 Court Street Suite 102
Clearwater, FL 33756
(727) 442-1200
Florida Bar #: 371750
Audit Fax #:

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