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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

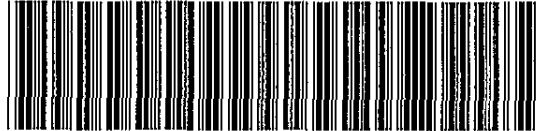
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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STATE  
REGISTRARS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 108370 156480A

AUTHORIZATION :

*Patricia Pardo*

COST LIMIT : \$ 125.00

ORDER DATE : December 27, 2004

ORDER TIME : 5:0 PM

ORDER NO. : 108370-005

CUSTOMER NO: 156480A

CUSTOMER: Ms. Layla Tabor  
Roberts, Seward & Company

Suite 202  
505 E. Jackson Street  
Tampa, FL 33602

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TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: TRE-TECH, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: \_\_\_\_\_

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

The name of the Limited Liability Company is:

Tre-Tech, LLC**ARTICLE II - Address:**

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

**Principal Office Address:****Mailing Address:**4383 Sidewinder Trail  
Middleburg, FL 32068-SAME-FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

David J. Olcott, Sr.  
Name4383 Sidewinder Trail

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

Middleburg FL 32068  
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

(CONTINUED)

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

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

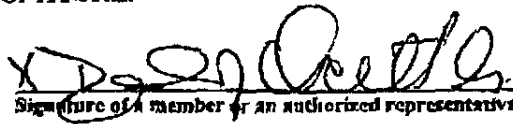
Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:mgrmDavid J. Olcott, Sr.  
4883 Sidamander Trail  
Middleburg, FL 32068mgrmGregg T. Lirosi  
9784 Seetleaf St.  
Orlando, FL 32827mgrmKenneth M. Coill  
5112 4th St. E.  
Bradenton, FL 34603

(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.)

David J. Olcott, Sr.

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)