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Fax Number : (850) 205-0383

From:

Account Name : FLORIDA INCORPORATORS, INC.
Account Number : 075350000473
Phone : (305) 379-7907
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LIMITED LIABILITY COMPANY

All Safe Treasure Coast, LLC

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ARTICLES OF ORGANIZATION FOR
All Safe Treasure Coast, LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

All Safe Treasure Coast, LLC

ARTICLE II - Mailing and Street Address:

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

All Safe Treasure Coast, LLC
1002 20th Place
Vero Beach, FL 32960

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

30 years

FLORIDA INCORPORATORS, INC.
8875 Hidden River Pkwy, Ste 300 1
Tampa, FL 33637
(813) 632-7882

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ARTICLE IV - Management:

Jeff Quiggle
1002 20th Place
Vero Beach, FL 32960

Managing Member

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

The remaining members may admit additional members upon the majority vote of the remaining members consenting to the admission of the additional member.

The right of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The remaining members have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited

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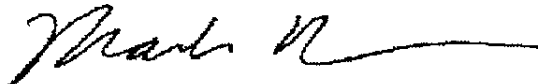
liability company upon the majority vote of the remaining members.

ARTICLE VII - Registered Agent:

The initial registered agent and registered office of the limited liability company shall be:

Florida Incorporators, Inc.
8875 Hidden River Parkway, Suite 300
Tampa, FL 33637-2087

DATED: January 14, 2005



MARK HANKINS
Authorized Representative

ACCEPTANCE OF REGISTERED AGENT

I hereby declare I am familiar with and accept the duties and responsibilities as registered agent of the limited liability company.

FLORIDA INCORPORATORS, INC.



By: MARK HANKINS, President

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