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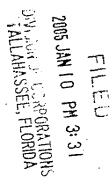
(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: XPETTEST SYG	stems LLC
(rame of Limited Lie	ionny Company)
The enclosed Articles of Organization and fee(s) are submi	_
Please return all correspondence concerning this matter to	the following:
Michael S K	the following:  ACTULATION OF Person)  The following:  ACTULATION OF PERSON
Sonicare Solution	S Inc.
1200 clint Moore	DAY.
Boca Raton, F	Z 33487 and Zip Code)
For further information concerning this matter, please call:	
Michael S Kraen III at (	561 241-5982 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Ce	\$155.00 Filing Fee & Status & Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section 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:		
Xpertest Systems LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Michael Kraerulff  Michael Kraerulff  1200 Clint Moore RA #12  Boca Raton, FL 33487  Boca Raton, FL 33487		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
The name and the Florida street address of the registered agent are:		
Michael Kraerulff Name		
4364 Maurice Dr.		
Florida street address (P.O. Box NOT acceptable)		

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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Michael Kyaerulff 4364 Maurice Dr Delray Beach, FL 33445
MGRM	John Kraerulf 9240 Cove Point Cir Boynton Beach, FL 33437
	DIV. C. O.
(Use attachment if necessary)	O PH CORP. SSEE,
NOTE: An additional article must be	added if an effective date is requested 23.
REQUIRED SIGNATURE:	(IDA)

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.)

Typed or printed name of signes

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)