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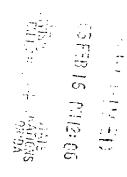
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SOUTHERN WOR (Name of Limited Liab	LO TECHNOLOGIES
The enclosed Articles of Organization and fee(s) are submit	ted for filing.
Please return all correspondence concerning this matter to the	ne following:
DAVID FERRALA	of Person)
SOUTHEAN WOALD (Firm/C	TECHWOLOGIES Company) PC 97
5361 NAVIGATO	OS FEB 16 PM 12: 08 TEL 33337 Ind Zip Code)
JACKSONVILLE (City/State &	FL 334377 8 8
For further information concerning this matter, please call:	
DAVID FERRARA at (C)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Cer	\$155,00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations 409 E. Gaines Street	Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company	y is:
SOUTHERN WORLD TECHNOLOGIES, LC	

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
5361 NAVIGATORSWAY JAX, FL 32277	JAX, FL 32277
ARTICLE III - Registered Agent, Registered Agent, Registered The name and the Florida street address of the st	ered Office, & Registered Agent's Signature he registered agent are:
DAVID A.	FERRARA ET
Florida stree	ATORS WAY t address (P.O. Box NOT acceptable)
JACKSON VICLE City, Sta	E FL 32277 ate, 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:	Name and Address:
"MGR" ≈ Manager "MGRM" = Managing Member	
MGRM	DAVID A FERRARA 5361 NAVIGATORS WAY SAKSONVILLE, FL 32277
(Use attachment if necessary)	anded if an effective date is requested
NOTE: An additional article must be	e added if an effective date is requested.
REQUIRED SIGNATURE:	
Dame 4	e added if an effective date is requested. SEE PAIR. PLORID.
Signature of a mambar.	or an authorized representative of a member

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 signee

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)