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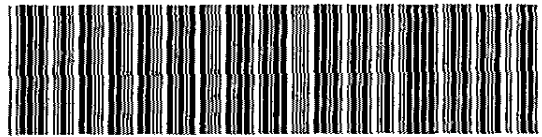
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TALLAHASSEE, FLORIDA

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Marc R. Edelman, Esq.

6010 South 6th Street
Tampa, FL 33611
813.376.6335

February 16, 2005

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32399

Re: Articles of Limited Liability Company

Dear Sir or Madam,


Enclosed please find Articles of Organization for Florida Limited Liability Company for MOI Recovery Systems LLC. Please return all correspondence concerning this matter to my attention.

For further information concerning this matter, please call me at 813.376.6335.

Enclosed is a check for \$155 for the filing fee and a certified copy.

Thank you very much for your assistance and attention to this matter.

Sincerely,



Marc R. Edelman, Esq.

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Articles of Organization for Florida Limited Liability Company

Article I: *Name*

The name of the Limited Liability Company is **MOI RECOVERY SYSTEMS LLC**.

Article II: *Address*

The mailing address and street address of the principal office of **MOI RECOVERY SYSTEMS LLC** is:

MOI RECOVERY SYSTEMS LLC

4 Shore Drive
Palm Harbor, FL 34683
(street address)

MOI RECOVERY SYSTEMS LLC


P.O. Box 130
Ozona, FL 34660
(mailing address)

Article III: *Registered Agent*

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

Marc R. Edelman
6010 S. 6th Street
Tampa, FL 33611

Having been named as registered agent and to accept service of process for the above-stated limited company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. Further, I 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.


(Signature)

2/10/05

(Date)

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**Article IV:
Management**

The Limited Liability Company is to be managed by the members, and the names and addresses of the members are:

Bill M. Honey MGRM
4 Shore Drive
Palm Harbor, FL 34683

Paul E. Forshey MGRM
2014 Glastonberry Drive
Franklin, TN 37069

SIGNATURE



Signature of a member or authorized representative of member

In accordance with FS 604.408(3), the execution of this document constitutes an affirmation under penalty of perjury that the facts stated herein are true.

MARC R. EDELMAN

Printed Name

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