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To: Division of Corporations : (850)205-0383 Fax Number : FORD, JETER & BOWLUS, P.A. Account Name Account Number : 075350000442 Phone (904) 268-7227 Fax Number (904) 262-23

LIMITED LIABILITY COMPANY

Grip Pod Systems, L.L.C.

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR GRIP POD SYSTEMS, L.L.C.

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ARTICLE 1.: NAME

The name of the Limited Liability Company is: Grip Pod Systems, L.L.C.

ARTICLE 2.: ADDRESS

The mailing and street address of the principal office of the Limited Liability Company is: 738 Nature's Hammock Drive, Jacksonville, Florida 32259.

ARTICLE 3.: DURATION

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

ARTICLE 4.: MANAGEMENT

The Limited Liability Company is to be managed by the members and the name and address of the Managing Member is: Joseph R. Moody, 738 Nature's Hammock Drive, Jacksonville, Florida 32259.

ARTICLE 5.: REGISTERED AGENT

The name and address of the registered agent for service of process aguired to be maintained by Section 608.412, Florida Statutes, is: John S. Duss, IV, Esq., Ford, Benjus Duss, Morgan, Kenney, Safer & Hampton, P.A., 10110 San Jose Boulevard, Jacksonville, 10114 22257.

(IN WITNESS WHEREOF the undersigned, as authorized person, executed bress Aticles of Organization this 14 day of June, 2005.

John S. Duss, IV, Authorized Person On Statutes and Statutes are supplied to be maintained by Section 608.412, Florida Statutes, is: John S. Duss, IV, Authorized Person On Statutes and Statutes are supplied to be maintained by Section 608.412, Florida Statutes, is: John S. Duss, IV, Authorized Person On Statutes and Statutes are supplied to be maintained by Section 608.412, Florida Statutes, is: John S. Duss, IV, Authorized Person On Statutes are supplied to be maintained by Section 608.412, Florida Statutes, is: John S. Duss, IV, Authorized Person On Statutes, is: John S. Duss, IV,

Having been named as registered agent 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.

John-S.-Duss, IV

This Instrument Prepared by: John S. Duss, IV, Attorney-At Law 10110 San Jose Blvd., Jacksonville, FL 32257 Phone: (904) 268-7227 FL Bar No. 0068480

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