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Florida Department of State

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(((H05000178019 3)))

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Fax Number : (850)205-0383 From: Account Name : FOWLER, WHITE 2 Account Number : I19990000148 Phone (813)228-7411 Fax Number (813)228-9401 LIMITED LIABILITY COMPANY Eagle Claw Tooth, LLC Certificate of Status Certified Copy Ð Page Count 03 Estimated Charge S130.00 Name Availability Doct Electronic Filing Mary Componate, Filing Rublic Access Help Examiner DCC

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ARTICLES OF ORGANIZATION

OF

EAGLE CLAW TOOTH, LLC

I hereby file these Articles of Organization as an authorized representative of a member of the limited liability company to be formed pursuant to these Articles of Organization and the laws of the State of Florida.

ARTICLE I NAME

The name of the limited liability company to be formed hereunder is "Eagle Claw Tooth, LLC".

ARTICLE II MAILING ADDRESS AND STREET ADDRESS

The street address of the principal office of the limited liability company is 1980 S. W. Clevel Road, Arcadia, Florida 34266; and the mailing address of the principal office of the limited liability company is Post Office Box 2350, Arcadia, Florida 34265.

ARTICLE III REGISTERED OFFICE AND REGISTERED AGENT

The street address of the limited liability company's initial registered office in Florida is 501 E. Kennedy Blvd., Suite 1700, Tampa, FL 33602, and the name of its initial registered agent is Mitchell I. Horowitz.

ARTICLE IV MANAGEMENT

The limited liability company is a member-managed company.

IN WITNESS THEREOF, the undersigned has executed these Articles of Organization this 25th day of July, 2005.

Representative

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ACCEPTANCE BY REGISTERED AGENT

Having been appointed the registered agent of Eagle Claw Tooth, LLC, the undersigned accepts such appointment, agrees to act in such capacity and accepts the obligations proposed by Florida Statutes Section 608.415 and is herewith simultaneously designated as registered agent.

Executed this 25 day of July, 2005.

Mitchell I. Horowitz

Registered Agent

#1739737vL

SECRETARY OF STATE