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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

TabletPCPro LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED
LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

TABLETPCPRO LLC

ARTICLE II ADDRESS

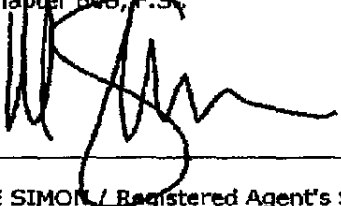
The mailing address and street address of the principal office of the Limited Liability Company is:

370A PINELLAS BAYWAY
TIERRA VERDE, FL 33715**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE**

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

MAGGIE SIMON
370A PINELLAS BAYWAY
TIERRA VERDE, FLORIDA 33715

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 all statutes relating to the proper and complete performance of my duties and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



MAGGIE SIMON / Registered Agent's Signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

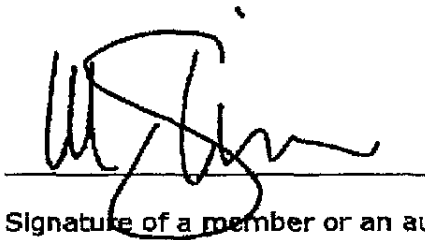
4080002506793

PAGE 2 TABLET PC PRO LLC

ARTICLE V

The name(s) and address(es) of the managing members of the LLC are:

MAGGIE SIMON
Managing Member: 370A PINELLAS BAYWAY
TIERRA VERDE, FLORIDA 33715

A handwritten signature in black ink, appearing to read 'Maggie Simon', is written over a horizontal line.

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.)

MAGGIE SIMON
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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