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SPECIAL INSTRUCTIONS:		

ARTICLES OF ORGANIZATION OF CNC SERVICES, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name

The name of the Limited Liability Company is: CNC SERVICES, LLC.

ARTICLE II - Address

The mailing address and address of the principal office of the Limited Liability Company is: 611 Arvern Drive, Altamonte Springs, Florida 32701.

Article III - Registered Agent, Registered Office

The name and the street address of the initial registered agent are: Donna L. Draves, Esq. 120 East Concord Street, Orlando, Florida 32801.

Article IV — Management

The Limited Liability Company is to be managed by the members and is, therefore, a member-managed company. The name and address of the initial member of the company is: Karl G. Scheblein, 611 Arvern Drive, Altamonte Springs, Florida 32701.

Article V — Additional Provisions

Any Operating Agreement (as defined in Section 608.402(24) of the "Florida Limited Liability Company Act") relating to this Limited Liability Company must be in writing and signed by all of the members.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledge them to be my act this 2 day of February, 2006.

KARL G. SCHEBLEIN

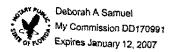
Member

FILED

STATE OF FLORIDA COUNTY OF ORANGE

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Karl G. Sheblein to me known to be the person described in, who presented FL DL \$14550752448 and who executed the foregoing Articles of Organization and he acknowledged before me that he executed the same.

WITNESS my hand and official seal this 28 day of February, 2006.



NOTARY PUBLIC, STATE OF FLORIDA

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated Limited Liability Company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

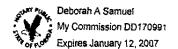
REGISTERED AGENT:

DONNA L. DRAVÉS, ESO

STATE OF FLORIDA COUNTY OF ORANGE

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Donna L. Draves to me known to be the person described in and who executed the foregoing Designation and Acceptance and she acknowledged before me that she executed the same.

WITNESS my hand and official seal this 20th day of February, 2006.



NOTARY PUBLIC. STATE OF FLORIDA