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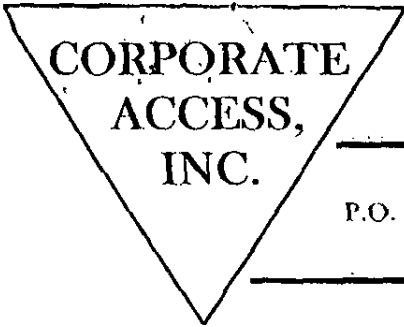
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LLC

1.

C3MP LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION
OF
C3MP, LLC

EFFECTIVE DATE
6/7/06

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be C3MP, LLC ("company").

ARTICLE II - ADDRESS

The mailing address of the company is 4595 Lexington Avenue, Jacksonville, Florida 32210.

The street address is the principal office of the company is 4595 Lexington Avenue, Jacksonville, FL 32210.

ARTICLE III - REGISTERED AGENT, OFFICE AND AGENTS SIGNATURE

The name and street address of the registered agent of the company in the state of Florida is Shirley Moore, 4595 Lexington Avenue, Jacksonville, FL 32210.

Having been named as registered agent and 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 obligations of my position as registered agent as provided for in Chapter 608, F.S.

Shirley Moore
Name

ARTICLE IV - MANAGEMENT

The company is to be managed by one or more of its members.

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be June 7th, 2006.

IN WITNESS WHEREOF, the undersigned, who is the authorized personal representative of a member identified in the operating agreement, has made and subscribed these articles of organization at Jacksonville, Florida, on June _____, 2006.

Shirley Moore
Name

STATE OF FLORIDA
COUNTY OF DUVAL

Before me, the undersigned authority, personally appeared Shirley Moore who is personally known to me and who acknowledged to me, under oath, that she is the authorized personal representative of a member of C3MP, LLC and that she executed the foregoing articles of organization.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this 7th day of June, 2006.

Marie Wells
Notary Public
My commission number:
My commission expires:

