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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Delta P Service LLC

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FAX AUDIT #

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**ARTICLES OF ORGANIZATION
OF
Delta P Service LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Delta P Service LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: # 3 East Tower Circle, Ormond Beach, Florida 32174.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Mark Blais, # 3 East Tower Circle, Ormond Beach, Florida 32174. Located in the County of Volusia.


ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Mark Blais, # 3 East Tower Circle, Ormond Beach, Florida 32174
David Carrier, # 3 East Tower Circle, Ormond Beach, Florida 32174


Business Filings Incorporated, Organizer
Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

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FAX AUDIT # H0100002316783CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Delta P Service LLC**

The name and address of the registered agent and office is Mark Blais, # 3 East Tower Circle, Ormond Beach, Florida 32174. Located in the County of Volusia.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Mark Blais
Mark BlaisDate: 09/15/06FAX AUDIT # H0100002316783