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Certified Copies	Certificate	s of Status
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COVER LETTER

TO:	Registration S Division of Co				
SUBJE	ccr. 3Tech	ız, LLC			
	·		d Liability Compa	any)	
		of Organization and fee(s) are s			
Please	return all corres _l	ondence concerning this matte	er to the following	;	
	Tammy A	llen			
		(Name of Person)		
	Paul Cons	sulting			
		(Firm/Company)		
	2541 Bar	rington Circle, Su	uite 2		
			(Address)		
•	Tallahas	see, Florida 3230	08		
·		(City)	State and Zip Code)	
For furt	her information	concerning this matter, please	call:		
Tam	my Allen		at (850	523-96	26
	(Name	of Person)			elephone Number)
Enclose	ed is a check fo	or the following amount:			
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fit Certified Copy (additional copy i	1	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
-		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Books 2661 Execution 2661	ourier Address on Section of Corporation wilding cutive Center ee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	: :			
3Techz, LLC				
(Must end with the words "Limited Liability Company, "Lim	ited Company" or their abbreviation "LLC," or "L.C.,")			
ARTICLE II - Address:				
	principal office of the Limited Liability Company is:			
The maning address and street address of the p	meipar office of the chimea classiffy Company is:			
Principal Office Address:	Mailing Address:			
· · · · · · · · · · · · · · · · · · ·				
1535 Killearn Center Blvd	1535 Killearn Center Blvd			
Suite D-2	Suite D-2			
Tallahassee, Florida 32309	Tallahassee, Florida 32309			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regi- business entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate an individual or another			
Marc F Paul Paul Cons	ultina			
Name				
2541 Barrington Circle, Florida street ac	Suite 2 Idress (P.O. Box NOT acceptable)			
Tallahassee	FI. 32308			
City, State,				
Having been named as registered agent and to	accept service of process for the above stated limited			

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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 the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:				
"MGR" = Manager "MGRM" = Managing M	1ember				
MGRM	Marc F Paul				
	3508 Trillium Court				
	Tallahassee, FL 32312				
MGRM	Bonnye L Westphal				
	1155 Rich Bay Road				
	Havana, FL 32333				
MGRM	William H Stinson				
	3207 E. Shamrock Drive, Unit 7				
	Tallahassee, FL 32309				
(Use attachment if necess	sary)				
	d d d Cott December 1 2006 (OPTIONAL)				
ARTICLE V: Effective date, if of	other than the date of filing: December 1, 2006. (OPTIONAL) date must be specific and cannot be more than five business days prior				
to or 90 days after the date of fil					
	5/				
protuppp ctost.mt	IN E				
<u>REQUIRED</u> SIGNATU	RE:				
1	$^{\prime}$, \bigcirc () $^{\prime}$				
Mu Land					
Signature of a member or an authorized representative of a member.					
(In accordance with section 608.408(3), Florida Statutes, the execution					
	locument constitutes an affirmation under the penalties of perjury ne facts stated herein are true.)				

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Marc F Paul

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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Typed or printed name of signee