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(City/State/Zip/Phone #)

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March 15, 2007

Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Subject: **PROFORMA QUEST, LLC.**

Enclosed please find an original and one (1) copy of the Articles of Organization for the above entity. Additionally enclosed is a check in the amount of \$125.00 for the filing fees. Upon filing the enclosed, please return a stamped copy to the address below.

PLEASE SEND COPY TO:

ROBERT A. ROSENBERG, ESQ.
28960 U.S. HIGHWAY 19 NORTH, SUITE #100
CLEARWATER, FLORIDA 33761

Telephone Number: (727) 771-8787
Fax Number: (727) 781-1387

Very truly,

A handwritten signature in black ink, appearing to read 'Robert A. Rosenberg'.

Robert A. Rosenberg, Esq.
Enc.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROFORMA QUEST, LLC.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

6630 Rowan Road

New Port Richey, FL 34653

Mailing Address:

6630 Rowan Road

New Port Richey, FL 34653

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

SHANNON C. CAPSHAW

Name

6630 Rowan Road

Florida street address (P.O. Box **NOT** acceptable)

New Port Richey, FL 34653

City, State, and Zip

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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 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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

SHANNON C. CAPSHAW

6630 Rowan Road

New Port Richey, FL 34653

(Use attachment if necessary)

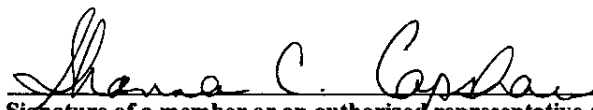
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ARTICLE V: Effective date, if other than the date of filing: Filing Date (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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.)

SHANNON C. CAPSHAW

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)