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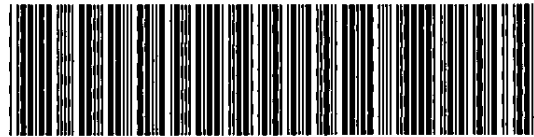
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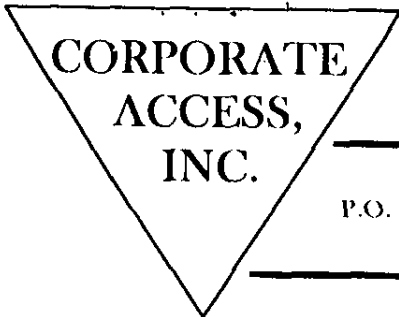
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. East Coast Tinting & Graphics, 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 #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

EAST COAST TINTING & GRAPHICS, LLC

ARTICLE I

The name of the Limited Liability Company shall be:

EAST COAST TINTING & GRAPHICS, LLC.

ARTICLE II

The Company is organized for any legal and lawful purpose for which a Limited Liability Company may be organized pursuant to the act.

ARTICLE III

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

3379 South Military Trail, Lake Worth, Florida 33463

ARTICLE IV

The name and the address of the registered agent:
**Darren A Carlson, 3379 South Military Trail, Lake Worth,
Florida, 33463**

ARTICLE V

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

**Darren A Carlson, Mgr
3379 South Military Trail
Lake Worth, Florida 33463**

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IN WITNESS WHEREOF, the undersigned authorized representative of the initial
Members have executed these Articles of Organization this 19th day of March, 2007.

A handwritten signature in black ink, appearing to read "Darren A. Carlson", written over a horizontal line.

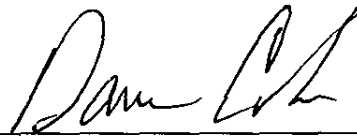
Darren A Carlson, Authorized Representative

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

East Coast Tinting & Graphics, LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Darren A Carlson, MGR
Registered Agent



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.)

Darren A Carlson
Typed or Printed name of signee