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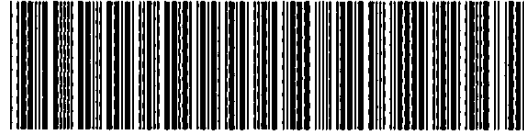
(Business Entity Name)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Atlantic Rock LLC

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___ Fictitious Owner Search ___
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**ARTICLES OF ORGANIZATION
FOR
ATLANTIC ROCK LLC**

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The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **ATLANTIC ROCK LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is **108 Intracoastal Pointe Drive, Suite 100, Jupiter, Florida 33477**

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Charles H. Burns, 108 Intracoastal Pointe Drive, Suite 100, Jupiter, FL 33477**

ARTICLE IV: MANAGING MEMBERS

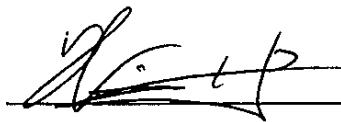
The name and address of the initial Managing Members of the company are:

Charles H. Burns, Managing Member, 108 Intracoastal Pointe Drive, Suite 100, Jupiter, Florida 33477

Pasquale Zarro, Managing Member, 100 SW Albany Avenue, Suite 300, Stuart, Florida 34994

The undersigned has executed these Articles of Organization this 6th day of September 2007.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"



Authorized Representative


CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the company is: ATLANTIC ROCK LLC

2. The name and address of the registered agent and office is:
CHARLES H. BURNS, 108 INTRACOASTAL POINTE DRIVE,
SUITE 100, JUPITER, FL 33477

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.



CHARLES H. BURNS