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SECRETARY OF STATE
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COVER LETTER

TO:	Registration Division of C		
SUBJ	ECT: WAP T	uner, LLC	
5055		(Name of Limit	ed Liability Company)
The er	aclosed Articles	of Organization and fee(s) are	submitted for filing.
Please	return all corres	spondence concerning this mat	ter to the following:
	Jackson L.	Morris	
		· · · · · · · · · · · · · · · · · · ·	(Name of Person)
	Attorney at	Law	
			(Firm/Company)
	3116 W. No	orth A Street	
			(Address)
	Tampa, FL	33609	
	 	(Cit	ty/State and Zip Code)
For fu	rther information	n concerning this matter, please	e call:
Jack	son L. Morris	5	at (813) 874-8854
	(Nan	nc of Person)	(Area Code & Daytime Telephone Number)
Enclo	sed is a check	for the following amount:	
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 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	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WAP Tuner, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")					
ARTICLE II - Address:	s of the principal office of the Limited Liability Company is				
Principal Office Address:	Mailing Address:				

c/o Fortis Software, LLC

1218 Court Street, Suite A

Clearwater, FL 33756

Attn: Mark Gould

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

business entity with an active Florida registration.)

Mark E. Gould				
	Name			
306 North Glenwood Avenue				
Florida str	reet address (P.O. Box NOT acceptable)			
Clearwater,	_{FL} 33755			
City,	State, and Zip			

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
MGRM	Uniform Mike Enterprises, Inc. 404 Edgewood Avenue Clearwater, FL 33755				
MGRM	Joseph Constantino Anthony Vangieri 1767 Gracelyn Drive Clearwater, FL 33756				
MGRM	Mark E. Gould 306 North Glenwood Avenue Clearwater, FL 33755				
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: October 12, 2007 . (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.)					
Mark E. Gould Typed	ASSET OF Printed name of signee				
Filing Fees:	ration and Designation				
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)					