

LO70001-10682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

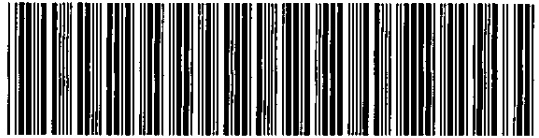
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Stewart B. Capps, P.A.

Attorneys at Law

Stewart B. Capps

325 Fifth Avenue, Suite 208
Post Office Box 034021
Indianapolis, Florida 32903

Telephone 321/727-3200
Facsimile 321/727-0029

October 24, 2007

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

RE: PTMW, LLC

Gentlemen:

I am herewith enclosing an original and one copy of the Articles of Organization for a Florida Limited Liability Company for PTMW, LLC. I have enclosed a check in the amount of \$155.00 made payable to the Florida Department of State. Upon filing the Article please return the file-marked copy to me via regular mail. I have enclosed a return envelope for your convenience.

Thank you for your assistance. If you have any questions regarding this filing, please do not hesitate to call me.

Sincerely,



Stewart B. Capps

SBC/lp
encl.

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is PTMW, LLC.

ARTICLE II - ADDRESS

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

Principal Office Address

PTMW, LLC
1427 California Drive
Melbourne, Florida 32940

Mailing Address:


PTMW, LLC
1427 California Drive
Melbourne, Florida 32940

ARTICLE III - REGISTERED AGENT REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

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

Philip Mortensen
250 N. Banana River Drive, Apt. A14
Merritt Island, Florida 32952- 2541

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

(An additional article must be added if an effective date is requested)

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

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

Title:

~~MM~~
man

Name and Address:

Philip Mortensen
250 N. Banana River Dr. Apt. A14
Merritt Island, Florida 32952-2541

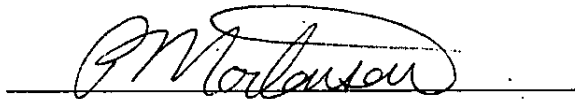
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MM

Tom Walsh
22405 Beach Street
Saint Clair Shores, MI 48081

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Philip Mortensen
Typed or printed name of signee

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TALLAHASSEE, FLORIDA