LU700011817		
(Requestor's Name)		
(Address) (Address)	700110439507	
(City/State/Zip/Phone #)	07 NOV -5 AH 9: 12 SECRETARY OF STATE TALLAHASSEE FLORIDA	
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DATE: 11/5/2007

NAME: WILBETH HOLDINGS, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST: \$125

RETURN:

ACCOUNT: FCA00000015

AUTHORIZATION: PAUL HODGE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY-COMPAN

ARTICLE I - Name:

The name of the Limited Liability Company is:

WILBETH HOLDINGS, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

9 DAMON MILL SQUARE CONCORD, MA 01742

9 DAMON MILL SQUARE CONCORD, MA 01742

. . .

101-5 HH 9:

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 Fiorida registration.)

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

REGISTERED AGENTS LEGAL SERVICES, LLC
Name
155 OFFICE PLAZA DRIVE, SUITE A
Florida street address (P.O. Box NOT acceptable)
TALLAHASSEE FL
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) Page1of2

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	TVPX ACQUISITIONS, INC. 9 DAMON MILL SQUARE CONCORD,MA 01742
(I los attachment if personna)	
(Use attachment if necessary)	

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.)

<u>REOUIRED</u> 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.)

Tobias Kleitman PRESIDENT OF TVPX ACQUISITIONS, INC MANAGING MEMBER Typed or printed name of signed

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)