

L07000127809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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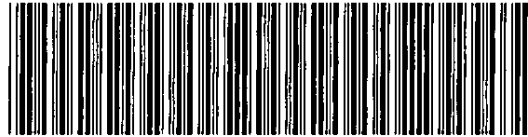
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 DEC 27 PM 4:08
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2007 DEC 27 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

1/1/08
B. KOHR

DEC 28 2007

EXAMINER



CORPORATION SERVICE COMPANY

EFFECTIVE DATE 1/1/08

ACCOUNT NO. : 072100000032

REFERENCE : 378803 80640A

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 180.00

ORDER DATE : December 27, 2007

ORDER TIME : 2:49 PM

ORDER NO. : 378803-005

CUSTOMER NO: 80640A

FILED
07 DEC 27 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: TRIFACTOR SYSTEMS, LLC

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley - EXT. 2930

EXAMINER'S INITIALS: _____

EFFECTIVE DATE 1/1/08

CERTIFICATE OF CONVERSION
FOR OTHER BUSINESS ENTITY
INTO A FLORIDA LIMITED LIABILITY COMPANY

FILED
07 DEC 27 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion and attached Articles of Organization are submitted to convert "Other Business Entity" into a Florida Limited Liability Company in accordance with Section 608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is ADVANCED HANDLING SYSTEMS, INC. (Document No. P92000010591).

2. The "Other Business Entity" is a corporation first organized, formed or incorporated under the laws of the State of Florida on December 7, 1992.

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is TRIFACTOR SYSTEMS, LLC.

4. The effective date of this Certificate of Conversion shall be January 1, 2008.

Executed by the duly authorized representative of the Members this 22 day of December, 2007.

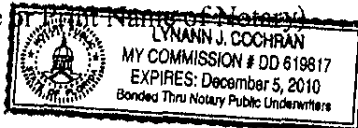
John T. Phelan
JOHN T. PHELAN

STATE OF FLORIDA
COUNTY OF POLK

THE FOREGOING INSTRUMENT was acknowledged before me this 22nd day of December, 2007, by John T. Phelan, as PRESIDENT of Advanced Handling Systems, Inc., who is personally known to me ~~or who has produced a Florida driver's license as identification~~, and who did not take an oath.

(Affix Notary Seal)

[Signature]
NOTARY PUBLIC
My Commission Expires:

(Type or Print Name of Notary)

LYNANN J. COCHRAN
MY COMMISSION # DD 619817
EXPIRES: December 5, 2010
Bonded Thru Notary Public Underwriters

EFFECTIVE DATE

1/1/08

ARTICLES OF ORGANIZATION
OF
TRIFACTOR SYSTEMS, LLC

FILED
07 DEC 27 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned hereby present(s) these Articles of Organization for the formation of a Limited Liability Company pursuant to the Florida Limited Liability Company Act.

ARTICLE I

NAME

The name of the Limited Liability Company is TRIFACTOR SYSTEMS, LLC.

ARTICLE II

PRINCIPAL OFFICE

The street address of the Limited Liability Company is 2401 Drane Field Road, Lakeland, Florida 33811.

ARTICLE III

DURATION

The Limited Liability Company shall have perpetual existence, commencing on January 1, 2008.

ARTICLE IV

PURPOSE

The Limited Liability Company is organized for the purpose of transacting any and all lawful business.

ARTICLE V
MANAGEMENT

The Limited Liability Company is to be a manager managed company.

ARTICLE VI
INITIAL REGISTERED OFFICE AND INITIAL REGISTERED AGENT

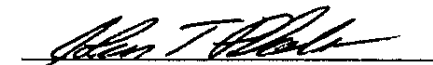
The street address of the initial registered office of the Limited Liability Company is One Lake Morton Drive, Lakeland, Florida 33801 and the name of the initial registered agent of the Limited Liability Company at that office is David D. Hallock, Jr.

ARTICLE VII
INDEMNIFICATION

Except to the extent otherwise provided in the Operating Agreement of the Limited Liability Company, the Limited Liability Company shall indemnify each person or entity who was or is a Member, director, officer, employee or agent of the Limited Liability Company to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Limited Liability Company, has executed these Articles of Organization this

27 day of December, 2007.

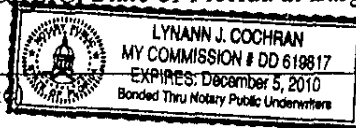

John T. Phelan

STATE OF FLORIDA
COUNTY OF POLK

The foregoing Articles of Organization were acknowledged before me this 27th day of December, 2007, by John T. Phelan, as an authorized representative of a Member of the Limited Liability Company, who is personally known to me.


NOTARY PUBLIC, State of Florida at Large

(Printed Name)



My commission expires: _____
My commission number: _____

(AFFIX NOTARY SEAL)

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 AND SECTION 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is TRIFACTOR SYSTEMS, LLC.
2. The name and street address of its initial Registered Agent and initial Registered Office are:

David D. Hallock, Jr.
GrayRobinson, P.A.
One Lake Morton Drive
Lakeland, FL 33801

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.


DAVID D. HALLOCK, JR.
Date: December 27th, 2007