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SECRETARY OF STATE

N. Gulliges JAN 15 2008.

COVER LETTER

10.	Division of C			
SUBJE	ст: М	sisture Vapo	R PRODUCTS, LLC nited Liability Company)	
		(Name of Lin	mited Liability Company)	
The enc	losed Articles	of Organization and fee(s) a	re submitted for filing.	
Please re	eturn all corres	spondence concerning this n	natter to the following:	
_	RICHA	RD L. BRYA	NT	
			(Name of Person)	
_	Moist	WE VAPOR F	(Firm/Company)	
-	468	NW 38T4	TERRACE	
_	DEE	eficlo BEA	CH, FC 33442 City/State and Zip Code)	
		(1	City/State and Zip Code)	
For furth	ner information	n concerning this matter, ple	ase call:	
	DICK	BRYANT	at (9.54) 426 - (Area Code & Daytime Telep	6932
	(Nam	e of Person)	(Area Code & Daytime Tele]	onone Number)
Enclose	d is a check f	for the following amount:		
\$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Lii	mited Liability Company is:		
	12E VAPOR PROO		
(Mus	st end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address		incipal office of the Limited I	Liability Company is:
Principal Office A	ddress:	Mailing Address:	
468 NW 3 DEERFIELD	874 TERRACE BEACH, FL 3344?	SAME	
(The Limited Liability Co		Office, & Registered Agent ered Agent. You must designate an ind	ividual or another
The name and the F	lorida street address of the re	egistered agent are:	DE JAN 14 SECRETAR TALLAHASS
	RICHARD 1.BA	YANT	
	Name		SSEE TO
	468 NW 38Th	STREET	AMII: 57 SEE FLORIDA
•	Florida street add	ress (P.O. Box NOT acceptable)	SE ST.
	DEERFIELD BEACH City, State, a		7 04

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)

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:
MGF	2_	PICHARD BRYANT 468 NW 38TH TERRACE DEERFIELD BEACH, FL 33442
		DEERFIELD BONCH, FL 53442
		
(Use attachmen	t if necessary)	
CLE V: Effective	e date, if other than the isted, the date must be	date of filing: (OPTIONAL e specific and cannot be more than five business days
CLE V: Effective	e date, if other than the isted, the date must be date of filing.)	e specific and cannot be more than five business days
CLE V: Effective effective date is little of the control of the co	e date, if other than the isted, the date must be date of filing.)	date of filing: c specific and cannot be more than five business days Lack Quant HATTER AND
CLE V: Effective effective date is little of the control of the co	e date, if other than the isted, the date must be date of filing.) IGNATURE:	Land Cannot be more than five business days
CLE V: Effective effective date is little of the control of the co	e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a member (In accordance with sec	ror an authorized representative of a member.

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)