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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : DAVID R. CARTER, P.A.  
Account Number : I20010000053  
Phone : (352) 686-6278  
Fax Number : (352) 686-7324

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**ANTDREIS, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
FOR  
ANTDREIS, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is **ANTDREIS, 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:
18847 Titus Road Hudson, Florida 34667	18847 Titus Road Hudson, Florida 34667

**ARTICLE III - REGISTERED AGENT**

The name and the Florida street address of the Registered Agent is **ANDREA J. McDONALD**, 18847 Titus Road, Hudson, Florida 34667.

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, *Florida Statutes*.

  
Andrea J. McDonald, Registered Agent

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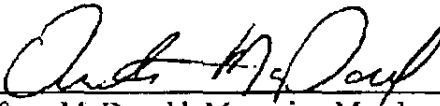
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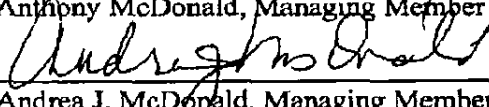
## ARTICLE IV - MANAGEMENT

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

Name and Address:	Title MGR = Manager MGRM = Managing Member
Anthony McDonald	Managing Member
Andrea J. McDonald	Managing 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.

  
\_\_\_\_\_  
Anthony McDonald, Managing Member

  
\_\_\_\_\_  
Andrea J. McDonald, Managing Member

Dated: January 29, 2008

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