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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

8FEB 27 AMII:

M. Thomas FEB 2 8 2008

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|-----------------|---|-----------------|-------|
| SUBJE | ECT: Odirontech LLC (Name of Limited Liability Company) | | |
| The end | closed Articles of Organization and fee(s) are submitted for filing. | | |
| Please | return all correspondence concerning this matter to the following: | | |
| | Jeffrey P. La Pierre (Name of Person) | | |
| | | | |
| | (Firm/Company) | | |
| | 154 SW Jupiter Glen | 0 | |
| | (Address) | 375 | |
| | Lake City FL 32024 | в 2 1 | FILED |
| | (City/State and Zip Code) | 至 | Ö |
| For fur | rther information concerning this matter, please call: | EB 27 AM II: 03 | |
| 2 | (Name of Person) at (386) 466-6029 (Area Code & Daytime Telephone Number) | | |
| Enclos | sed is a check for the following amount: | | |
| □ \$125. | .00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& Certificate of Status \$\bigcup \\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$ Certified Copy (additional copy is enclosed) | ı | |
| | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle | | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: |
|--|
| The name of the Limited Liability Company is: |
| Odirontech 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: |
| 154 SW Jupiter Gln Lake City, Fl. 32024 Lake City, Fl. 32024 Ex. 7 |
| 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 Florida registration.) The name and the Florida street address of the registered agent are: |
| The name and the Florida street address of the registered agent are: |
| Jeffry P. La Pierre |
| Name |
| 154 5W Jupiter Glan Elevido estret address (R.O. Roy NOT acceptable) |
| Florida silect address (F.O. Box 1401 acceptable) |
| City, State, and Zip |
| 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 |
| Pegistered Agent's Signature (REQUIRED) |
| Registered Agent's Signature (REQUIRED) |

(CONTINUED) Page 1 of 2

| "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|---|---|
| MGR | Jeffrey P. La Pierre 154 Sw Jupiter Gla Lake City, FL. 32024 |
| | |
| | |
| (Use attachment if necessary) | SECRETARISE ALLAHASS |
| CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) | e date of filing: (OPTIONALE) se specific and cannot be more than five business days p |
| | |
| REQUIRED SIGNATURE: | |
| | P JoP. |
| | er or an authorized representative of a member. |

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)