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(Address)

(Address)

(City/State/Zip/Phone #)

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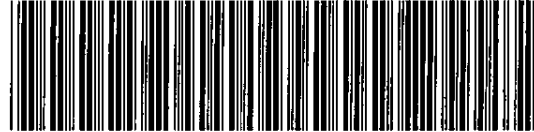
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CD. 9-16

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September 11, 2008

TO: Registration Section
Division of Corporations

SUBJECT: Bearcon Management, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

James T. Murphy, Esquire
MATHIS & MURPHY PA
50 N. Laura Street, Suite 1700
Jacksonville, FL 32202

For further information concerning this matter, please call:

James T. Murphy, Esquire at
(904) 356-4500

Enclosed is a check for the following amount: \$160.00 Filing Fee, Certificate of Status
& Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
OF
BEARCON MANAGEMENT, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the limited liability company is Bearcon Management, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

2294 Mayport Road, Suite 10
Atlantic Beach, Florida 32233

Mailing Address:

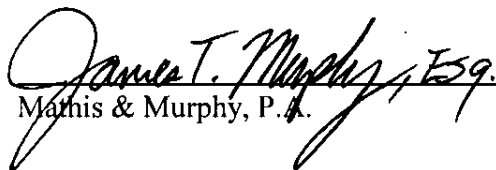
2294 Mayport Road, Suite 10
Atlantic Beach, Florida 32233

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Mathis & Murphy, P.A.
50 North Laura Street, Suite 1700
Jacksonville, Florida 32202

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..


Mathis & Murphy, P.A.

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ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member


MGMR

Conrad Rowe
2294 Mayport Road, Suite 10
Atlantic Beach, Florida 32233

MGMR

Mazen "Mike" Salloum
1487 Mayport Road
Atlantic Beach, Florida 32233

REQUIRED 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.)

Conrad Rowe

Typed or printed name of signee