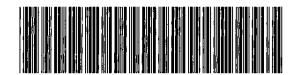
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(Red	questor's Name)	
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(City	//State/Zip/Phone	9 #)
PICK-UP	MAIT	MAIL
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Certified Copies	Cenificates	s of Status
Special Instructions to F	filing Officer:	
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COVER LETTER

TO:	Registration Division of C					
SUBJI	ECT:	B.O.T.H. S	YSTEMS, LL	_C		
SCBSECT.			ed Liability Compa	iny)		
The en	closed Articles	of Organization and fee(s) are	submitted for filing	ζ.		
Please	return all corres	pondence concerning this mat	ter to the following	:		
		Jean M. J	ohnson			
			(Name of Person)			
		B.O.T.H. S	YSTEMS, L	.LC		
	(Firm/Company)					
	111 2nd Avenue N.E., Suite 301					
	(Address)					
		St. Petersburg	ı. FL 33701			
		`	y/State and Zip Code	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
For fur	ther information	n concerning this matter, pleas	e call:			
	Jean M	. Johnson	_ _{at (} 727	599-35	00	
	(Nam	e of Person)	(Area Code	e & Daytime Tel	ephone Number)	
Enclos	sed is a check	for the following amount:			_	
\$125.00 Filing Fee \$\times\$\$ \$\times\$\$ \$\times\$\$ \$\times\$\$ Certificate of Status		\$155.00 Filing Certified Cop (additional copy	ру	\$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	Registration Division Clifton B 2661 Exe	ourier Address on Section of Corporation uilding ocutive Center (ee, FL 32301	s	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	B.O.	T.H. SYSTEMS, LLC		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Ad The mailing addres		ss of the principal office of the Limited Li	ability Company is:	
Principal Office Address: 111 2nd Avenue N.E., Suite 301 St. Petersburg, Florida 33701		Mailing Address: 111 2nd Avenue N.E., Suite 301		
				A.D. Frazier Name
	111 2nd Avenue N.E., Suite 301 Florida street address (P.O. Box NOT acceptable)		PH 12: 08 OF STATE FLORIDA	
	St. Petersburg, _{FL} 33701			
		City, State, and Zip		
liability compar registered agent ar statutes relating t	ny at the place desi nd agree to act in th o the proper and c	ent and to accept service of process for the ignated in this certificate, I hereby accept th his capacity. I firther agree to comply with amplete performance of my duties, and I an ion as registered agent as provided for in C	ne appointment as 1 the provisions of all 1n familiar with and	

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Erik Vonk
	773 Hideaway Bay Drive
	Longboat Key, FLorida 34228
MGRM	A.D. Frazier
	111 2nd Avenue N.E., Suite 301
	St. Petersburg, FLorida 33701
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: September 19, 2008. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Erik Vonk

Typed or printed name of signee

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)