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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILLING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone Fax Number : (305)220-1440

FLORIDA/FOREIGN LIMITED LIABILITY CO.

FLORIDA SAFETY & POWER RESOURCES LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

NOV - 5 2008

EXAMINER

11/4/2008 11:32 AM-

#2789 P.001 /302

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Safety & Power Resources LLC

(Must and 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: |
|---------------------------|----------------------|
| 8730 NW 100th Street | 8730 NW 100th Street |
| Medley, Fl 33178 | Medicy, FL 33178 |
| | |

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:

Joseph H. Fernandez

1001 Brickell Bay Dr. Suite 1200

Florida street address (P.O. Box NOT acceptable)

Mlami, FL 33131 FL 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..

Resiliared Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: | |
|--|--|--------------|
| · | | |
| MGRM | Marries N. Gomez | |
| | 8730 NW 100th Street Mediey, FL 33178 | |
| | Wedney, 1 E 30 170 | |
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