Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Phone

Account Number: 075500004387 : (813)229-7600

Fax Number

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DEC 2 9 2008

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

VERSATILE PRODUCTS, LLC

Certificate of Status Certified Copy 0 02 Page Count \$130.00 Estimated Charge

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ARTICLES OF ORGANIZATION OF VERSATILE PRODUCTS, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is VERSATILE PRODUCTS, LLC.

ARTICLE II - Address:

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

6422-C Harney Road Tampa, FL 33610

ARTICLE III - Management:

The Limited Liability Company is to be managed by managers. The initial managers shall be Richard B. Shave and Robert Vande Weghe.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 23rd day of December 2008.

Signature of 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.)

Richard B. Shave
Typed or printed name of signee

OR DEC 24 AM 8: 16

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is **VERSATILE PRODUCTS**, **LLC**.
- 2. The name and the Florida street address of the registered agent are:

Richard B. Shave 6422-C Harney Road Tampa, FL 33610

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.

Signature