

JUN 18 2009 2:35 PM

TRENAM KEMKER

NO 0577

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Florida Department of State
Division of Corporations
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Account Number : 076424003301
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Fax Number : (813) 227-0435

06-1797 /tsg

FLORIDA/FOREIGN LIMITED LIABILITY CO.

FDIS Intercoastal, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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T. HAMPTON

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

EDIS INTERCOASTAL, 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:**415 Second Street
Indian Rocks Beach, FL 33785415 Second Street
Indian Rocks Beach, FL 33795**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:

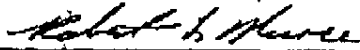
Robert L. Munce

Name

415 Second StreetFlorida street address (P.O. Box NOT acceptable)Indian Rocks Beach FL 33785

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..



Registered Agent's Signature (REQUIRED)

Robert L. Munce

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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:

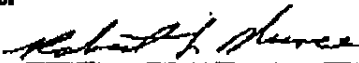
Title:**"MGR" = Manager****"MGRM" = Managing Member****Name and Address:**

| | |
|-------------------------------------|---|
| <u>MGRM</u> | <u>Munco Marketing Group, Inc.</u> <u>415 Second Street</u> <u>Indian Rocks Beach, FL 33785</u> |
|-------------------------------------|---|

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

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.)

Robert L. Munco

 Typed or printed name of signer

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)

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