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Division of Corporations

Fax Number : (8)

: (850)617-6383

From:

Account Name : W. KEVIN RUSSELL, P.A.

Account Number : I20050000181 Phone : (941)429-1871

Fax Number : (941) 429-1871 : (941) 429-8961

FILED 2009 AUG 24 AM 7: 57 SECRETARY OF STATE SECRETARY OF STATE

FLORIDA/FOREIGN LIMITED LIABILITY CO.

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Newline Industries, LLC.

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EXAMINER

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ARTICLES OF ORGANIZATION OF NEWLINE INDUSTRIES, LLC., A LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I --- Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "NEWLINE INDUSTRIES, LLC."

ARTICLE II - Address:

The mailing address of the Company is 132 Overoaks Place, Sanford, FL 32771 and the street address of the principal office of the Company is: 1030 Amelia Street, Suite D, Orlando, FL 32805.

ARTICLE III --- Registered Agent:

The name and the Florida street address of the initial registered agent are: Samuel Matthew Hill, 132 Overoaks Place, Sanford, FL 32771.

ARTICLE IV - Management:

The Company is to be managed by one manager or more managers and therefore is a manager-managed company. The manager shall be Samuel Matthew Hill and his address is 132 Overoaks Place, Sanford, FL 32771.

ARTICLE V - Limitation on Agency Authority of Members:

Pursuant to Section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this ______ day of ________, 2009.

Samuel Matthew Hill

Typed or printed name of signee

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.

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STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT OF NEWLINE INDUSTRIES, LLC.

I hereby accept the designation as registered agent to accept service of process for the above-stated limited liability company at the place designated in this statement. My street address is 132 Overoaks Place, Sanford, FL 32771. 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 under Chapter 608, Florida Statutes.

Samuel Marthew Hil

Typed or Printed Name

In accordance with Section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

HILED
2009 AUG 24 AM 7: 57
SECRETARY OF STATE

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