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Account Number : T20010000112
Phone : (302)575-0875
Fax Number : (302)575-0925

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**
**NorthAmerican Automotive Forensic Consultants LLC**

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N. Cattigan JAN 29 2010

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

**The name of the Limited Liability Company is: NorthAmerican Automotive Forensic Consultants LLC**

**ARTICLE II – Address:**

**The mailing address and street address of the principal office of the Limited Liability Company is: 8920 Bridgeport Bay Circle, Mt. Dora, FL 32757.**

**ARTICLE III – *Registered Agent*, Registered Office, & Registered Agent's Signature:**

**The name and the Florida street address of the registered agent are:**

**Agents and Corporations, Inc.**
**300 Fifth Avenue South**
**Suite 101-330**
**Naples, FL 34102**

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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.

**Agents and Corporations, Inc.**

**By: David N. Williams, President**

**ARTICLE IV – Management (Check box if applicable.) [ ]**
**The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.**

**ARTICLE V – Manager:**
**The initial Manager(s) of the Limited Liability Company shall be:**

**Sharon Mangine**

**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.)**

**Sharon Mangine**
**Typed or printed name of signee**