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OF

RESTORATION HOLDINGS, L.L.C.

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Act, F.S. Chapter 608, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company (the "Company") shall be Restoration Holdings, L.L.C.

ARTICLE II - DURATION

The limited liability company shall have perpetual duration.

ARTICLE III - PRINCIPAL PLACE OF BUSINESS AND ADDRESS

The principal place of business and the address of the Company shall be 6643 Hayter Drive, Lakeland, Florida 33813 and its mailing address is the same.

ARTICLE IV - PURPOSES AND POWERS

The general purpose for which the Company is organized is to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida in connection therewith. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

ARTICLE V - REGISTERED OFFICE AND AGENT

The name of the registered agent of the Company in the State of Florida is John D. Hoppe, and its address is 225 East Lemon Street, Suite 300, Lakeland, Florida 33801.

Meso Market Son Marion

ARTICLE VI - MANAGEMENT

The Company shall be manager-managed.

ARTICLE VII - OPERATING AGREEMENT

The Members of the Company shall hereafter adopt an Operating Agreement setting forth all the terms, provisions, conditions and covenants by which the Company will be governed. The power to adopt, alter, amend or repeal the Operating Agreement shall be vested in the Members of the Company as further set forth in the Operating Agreement.

IN WITNESS WHEREOF, the undersigned, as incorporator, hereby execute these articles of organization this 26 day of 400 day of 400 day.

Jonn D. Hoppe Incorporator

STATE OF FLORIDA COUNTY OF POLK

Before me, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgments, personally appeared Jonn D. Hoppe, who [] is personally known to me or who [] has produced _______ as identification.

WITNESS my hand and official seal this Aladay of (1) (2011).

(NOTARIAL SEAL)

Notary Public
My Commission Expires:

KATHY A. CARGAL Commission # EE 076016 Expires April 30, 2015 Bonded Thu Tray Fain Insurance 800: 385-7019

ACCEPTANCE

Having been named to accept service of process for Restoration Holdings, L.L.C. at the place designated as stated in these Articles of Organization, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the duties and obligations of Chapter 608, Florida Limited Liability Company Act.

DATED this 26 day of August, 2011.

John D. Hoppe Registered Agent