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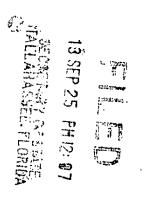
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Warhead Analytical Services Provider

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Martha J. Solomon

Name of Person

Warhead Analytical Services Provider (WASP)

Firm/Company

232 Olde Post Road

Address

Niceville, Florida 32578

City/State and Zip Code

dr.martha@cox.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerald Solomon

850

897-6263 or 897 5139

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

2 \$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

S160.00 Filing Fee. Certificate of Status & Certified Copy:

(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

€ , ×

ARTICLE I - Name: The name of the Limited Liab	lity Company is:		
The name of the Emilied Eldo.	my company is.		
Warhead Analytical Services Provide			
(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	e of the Limited Li	ability Company is:
Principal Office Address:	Mailing A	ddress:	
232 Olde Post Road	(Same)		
Niceville, Florida 32578			
ARTICLE III - Registered A (The Limited Liability Company cannot business entity with an active Florida r The name and the Florida stree Glenn Moore	serve as its own Registered Agent. You egistration.) et address of the registered age	must designate an indivi	
	Name		
135 South J	ohn Sims Pkwy		25
	Florida street address (P.O. Box	NOT acceptable)	THE PERSON
<u>Valparais</u>	o, FL 32580 _{FL}		
	City, State, and Zip		3 3
liability company at the plo registered agent and agree to all statutes relating to the pi and accept the obligations of	ered agent and to accept service designated in this certificate of act in this capacity. I further soper and complete performant my position as registered agent stered Agent's Signature (REQUIRE	e, I hereby accept to agree to comply w ce of my duties, and nt as provided for it	the appointment as with the provisions of A I am familiar with

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	Gerald Solomon	
······································	232 Olde Post Road	
	Niceville, Florida 32578	
		
		
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(Use attachment if necessary)		
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)