Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)

Account Number: I20030000004 Phone : (407)835-6769 : (407)843-4076 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

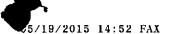
corpmail@shutts.com

FLORIDA LIMITED LIABILITY CO. MTST, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name

The name of the Limited Liability Company is:

MTST, LLC

ARTICLE II - Street Address

The street address of the principal office of the Limited Liability Company is as follows:

105 Squire Hill Road Longwood, FL 32779

ARTICLE III - Mailing Address

The mailing address of the principal office of the Limited Liability Company is as follows:

105 Squire Hill Road Longwood, FL 32779

ARTICLE IV ~ Management

The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The initial manager shall be Scott T. McCreary.

ARTICLE V - Registered Agent and Office and Registered Agent's Signature

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

Scott T. McCreary 105 Squire Hill Road Longwood, FL 32779

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 605. Florida Statutes.

y: (Registered Agent's Signature)
Scott T. McCreary

Signature of a member or an authorized representative of a member.

Scott T. McCreary, Authorized Representative

(In accordance with section 605.0203 (1) (b). Fiorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in \$ 817.155, Florida Statutes)

CRETARY OF STALE SION OF CORPORATION

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