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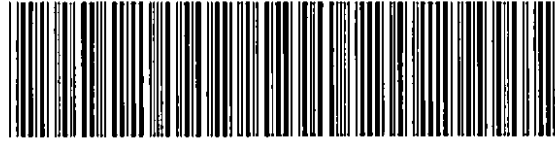
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NAME: BEACH RECOVERY LLC

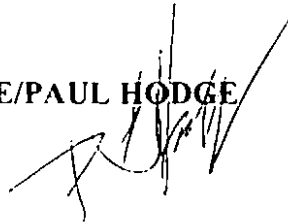
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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I NAME

The name of the Limited Liability Company is:

BEACH RECOVERY LLC

ARTICLE II ADDRESS

The principal address of the Limited Liability Company is:

114 N OSCEOLA DRIVE

INDIAN HARBOUR BEACH, FLORIDA 32937

The mailing address of the Limited Liability Company is:

5688 RIVERSIDE DRIVE

PORT ORANGE, FLORIDA 32127

ARTICLE III REGISTERED AGENT


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

A1A REGISTERED AGENT INC.

5647 110TH AVENUE N

ROYAL PALM BEACH, FLORIDA 33411

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, F.S.

X 
TINA MAKI / Registered Agent's signature

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ARTICLE IV AUTHORIZED PERSON(S)

The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBER
GEORGE MCNULTY
5688 RIVERSIDE DRIVE
PORT ORANGE, FLORIDA 32127

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X George McNulty
GEORGE MCNULTY / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), Florida 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 felony as provided for in s.817.155, F.S.)