Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : AKERMAN LLP - ORLANDO

Account Number : 076656002425 : (407)423-4000 Fax Number : (407)843-6610

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

Email Address: BOBL@W.Illowsco.com

FLORIDA LIMITED LIABILITY CO.

R. Wayne Consulting, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of this limited liability company (the "Company") is R. Wayne Consulting, LLC.

ARTICLE II - Address

The mailing address of the principal office of the Company is:

P.O. Box 536562 Orlando, Florida 32853

The street address of the principal office of the Company is:

1831 Bimini Drive Orlando, Florida 32806

ARTICLE III - Existence and Duration

The Company shall commence its existence on the date that these Articles of Organization are filed with the Department of State, and its duration shall be perpetual unless sooner dissolved by law.

ARTICLE IV - Management

The company shall be a manager-managed Company in accordance with the Operating Agreement of the Company. The initial manager of the Company and his address are:

Robert W. Lipscomb P.O. Box 536562 Orlando, Florida 32853

ARTICLE V - Registered Agent

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

Robert W. Lipscomb 1831 Bimini Drive Orlando, Florida 32806

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

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am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Robert W. Lipscomb Argistered Agen

REQUIRED SIGNATURE:

Authorized Representative of Member

(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 section 817.155, Florida Statutes.)