ID Number: _____ Filing Fee: \$150.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION

1.	The name of the limited liability company is:			
	CYBERDYNE SYSTEMS, LLC			
2.	The address of the limited liability company's resident age	ent in Rhode Island is:		
	71 DEXTER STREET	CUMBERLAND	, RI 02864	
	(Street Address, not P.O. Box)	(City/Town)	(Zip Code)	
	and the name of the resident agent at such address is	ION R. SCHMIDT		
	and the name of the resident agent at such address is(Name of Agent)			
4.	(Check one box only) a partnership or a corporation or disregarded as an entity separate from its member The address of the principal office of the limited liability company if it is determined at the time of organization: 71 DEXTER STREET			
4.	71 DEXTER STREET			
4.	71 DEXTER STREET CUMBERLAND, RI 02864			
4.	71 DEXTER STREET			

Form No. 400 Revised: 09/06

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0	Additional provisions, if any, not inconsistent with law, which the members elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purposes or duration for which the limited liability company is formed, and any other provision which may be included in an operating agreement:			
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7. IV	Management of the Limited Liability Company:			
Α	A. The limited liability company is to be managed very by its members. (If you have checked this box, go to item no. 8.)			
		<u>or</u>		
В	3. The limited liability company is to be managed by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)			
	<u>Manager</u>	<u>Address</u>		
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 3. T	he date these Articles of Organization ar	e to become effective, if later than the date of filing, is:		
	(not prior to, nor more th	nan 30 days after, the filing of these Articles of Organization)		
		Name and Address of Authorized Person: JON R. SCHMIDT		
		71 DEXTER STREET		
		CUMBERLAND, RI 02864		
		Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments and that all statements contained herein are true and correct.		
Date:	OCTOBER 25, 2007	Signature of Authorized Person		



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

