INC. P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-166 WALK IN PICK UP 129 01 170				
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ARTICLES OF ORGANIZATION FOR MJG INVESTMENTS, L.L.C., A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:

The name of the Limited Liability Company is:

MJG INVESTMENTS, L.L.C.

ARTICLE II - ADDRESS:

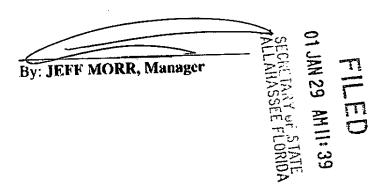
The mailing address and principal office address of the Limited Liability Company is:

1827 Sunset Harbour Drive Miami Beach, Florida 33139

<u> ARTICLE III - MANAGEMENT:</u>

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.

DATED this 25th day of January, 2001.



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

1. The name of the Limited Liability Company is:

MJG INVESTMENTS, L.L.C.

2. The name and address of the registered agent and office is:

Alan E. Krinzman Rollnick & Linden 133 Sevilla Avenue Coral Gables, Florida 33134

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 appointments as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues 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.

REGISTERED AGENT:

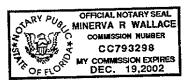
Alan E. Krinzman

Dated: \(\sqrt{}

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STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE	· ·
	<i>→</i> .
THE FOREGOING INSTRU	MENT was acknowledged before me this day of January,
	stered Agent of MJG Investments, L.L.C., a Florida limited
liability company, who is personally k	nown to me o r who has produced
as-identification and	who did/did not take an oath.
	Notary Public, State of Florida,
	Print Name: MIMIVA L. WALLACE
	My Commission Expires:



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SECRETARY OF STATE
TALLAHASSEE FLORIDA