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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : JOSEPH M. BALOCCO, P.A.

Account Number : I20000000147

Phone : (954) 764-0005

Fax Number : (954) 764-1478

LIMITED LIABILITY COMPANY

Vicamm Investments LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

FILED
01 JUN -7 PM 3:10
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION OF VICAMM INVESTMENTS LLC

ARTICLE I - NAME:

The name of the Limited Liability Company is: Vicamm Investments, LLC

ARTICLE II - ADDRESS:

The mailing address and the street address of the principal office of the Limited Liability Company is 6899 SW 50th Street, Davie, FL 33314

ARTICLE III - DURATION:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - MANAGEMENT:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Name

David Wilson Sexton, Jr.

Address

6899 SW 50th Street
Davie, FL 33314

Antonia Marie Sexton

6899 SW 50th Street
Davie, FL 33314

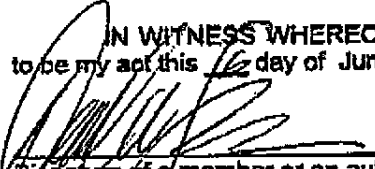
ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be conditioned upon the unanimous consent of the members.

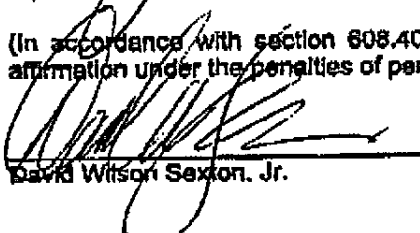
ARTICLE VI - MEMBERS' RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be conditioned upon the unanimous consent of the remaining members.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 12 day of June, 2001.


Signature of a member or an authorized
representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


David Wilson Sexton, Jr.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO
DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

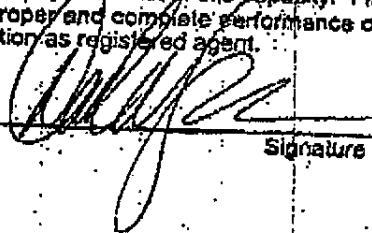
1. The name of the limited liability company is: Vicamm Investments, LLC
2. The name and the Florida street address of the registered agent are:

David Wilson Sexton, Jr.
Name

6899 SW 50th Street
Florida Street Address (P.O. Box NOT acceptable)

Davie, FL 33314
City, State and Zip Code

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.


Signature

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STATE
TALLAHASSEE, FLORIDA

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