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Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone

: (305)599-0839

Fax Number

: (305)716-0346

LIMITED LIABILITY COMPANY

SOPHIE'S CHOICE-4, L.L.C.

Certificate of Status	0
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Acknowledgement

W. P. Verifyer

ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY SOPHIE'S CHOICE-4, L.L.C.

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I Name:

The name of the Limited Liability Company is: SOPHJE'S CHOICE-4, L.L.C., hereafter referred to as the "Company".

ARTICLE II Address:

The mailing address and street address of the principal office of the Limited Liabs. Company is:

LUIS SCHMED 1433 Presidio Dr. Weston, FL 33327

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

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

PHILLIP B. RARICK 1496 Blue Jay Circle Weston, FL 33327

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 in Chapter 608, F.S.

DATE: June 17, 2004

Article IV - Management

The limited liability company is to be managed by one or more managers and is, therefore, a manager-managed company.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this June, 17, 2004.

LUIS SCHMIED, Manager

(In accordance with Section 688.406(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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