Florida Department of State

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To:

Division of Corporations

Fax Number ; (850)205-0383

From:

Account Name : FILINGS, INC. Account Number : 072720000101 : (850)385-6735 Phone

rax Number : (954)641-4192

LIMITED LIABILITY COMPANY

PULSE, LLC

Certificate of Status 0 Certified Copy 1 Page Count 02 Estimated Charge \$155.00

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ARTICLES OF ORGANIZATION OF PULSE, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be PULSE, LLC, ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the company is 70108 Fairway Drive, Suite No. 205, Palm Beach Gardens, Florida 33418.

ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the State of Florida is: Ian M. Berkowitz, 2385 Executive Center Drive, Suite No. 190, Boca Raton, Florida 33431.

Having been named as registered agent and to accept service of process for the above named limited liability company at the place designated herein. I hereby accept 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 for in F.S. Chapter 608.

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ARTICLE IV - MANAGEMENT

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

IN WITNESS WHEREOF, the undersigned member of authorized representative has made and subscribed these articles of organization at Boca Raton, Florida, on December Alec. 2004.

Ian M. Berkowitz

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

STATE OF FLORIDA COUNTY OF PALM BEACH

Sworn to and subscribed before me this Aktday of December, 2004, by Ian M. Berkowitz, who is personally known to me OR ___produced identification.

Type of identification produced:

Netary Public - State of Florida
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MY COMMISSION POPER PROPERTY EXPERS

October 27, 2004