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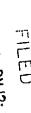
FLORIDA LIMITED LIABILITY CO. YAR MANAGEMENT, LLC

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ARTICLES OF ORGANIZATION FOR FLOR	STDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
Division industry Company is.	•
YAR MANAG	EMENT. LLC
(Must contain the words "Limited Liabit	
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	<u>Muiling Ad</u> dress:
355 ALHAMBRA CIRCLE	355 ALHAMBRA CIRCLE
SUITE 1100	SUITE 1100
CORAL GABLES, FL 33134	CORAL GABLES, FL 33134
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)	data d A
The name and the Florida street address of the registered agent	are:
RAYMOND J. ZOM	ERFELD, CPA, CVA
Name	

355 ALHAMBRA CIRCLE, SUITE 1100

Florida street address (P.O. Box NOT acceptable)

CORAL GABLES FL 33134
City State Zip

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 abligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

18 DEC -6 PH 12: 38

ARTICLE IV- The name and address of each nerson authorized	d to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	RAYMOND J. ZOMERFELD, CPA, CVA 355 ALHAMBRA CIRCLE, SUITE 1100
	CORAL GABLES, FL 33134
(Use attachment if necessary)	
Note: If the date inserted in this block does not meet the me	netically on the passess days prior to or 90 days after
the document's effective date on the Department of State's ARTICLE VI: Other provisions, if any.	records.
REQUIRED SIGNATURE:	
Signature of	
This document is executed in accordance that any false information constitutes a third degree felony as it	n authorized representative of a member, reduce with section 605.0203 (1) (b), Florida Statutes, on submitted in a document to the Department of State provided for in 5.817.155, F.S.

RAYMOND J. ZOMERFELD, CPA, CVA Typed or printed name of signee

\$125.80 Filing Fee for Articles of Organization and Designation of Registered Agent
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