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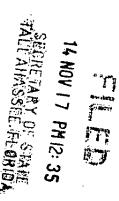
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name: The name of the Limited Liability Company is:	
Middle Line Properties LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
709 Cape Coral Parkway W Cape Coral, FL 33914	709 Cape Coral Parkway W Cape Coral, FL 33914
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Ranother business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Lawrence Swan Name	<del></del>
709 Cape Coral Parkway W Florida street address (P.O. Box I	NOT acceptable)
Cape Coral, FL 33914	FL
City	Zip
the place designated in this certificate, I hereby accept a capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	tice of process for the above stated limited liability company the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performanc gations of my position as registered agent as provided for in r 605, F.S
	3
Registered Agent's Signatu	re (REQUIRED)
(CONTINUE	D) HETAR

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Dimitri Leifman
	8 Keystaria Street Ashkelon, IS 78713 IS
	ASTREIOTI. 15 707 15 15
AMBR	Eli Goretik P O Box 3168
	P O Box 3168
	BEER SHEVA. IS 84130-1 IS
E V: Effective date, if other than the date of certive date is listed, the date must be spec-	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the date of the date is listed, the date must be specif filing.)  E VI: Other provisions, if any.	
f filing.) E VI: Other provisions, if any.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 d
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E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	Liefmen
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men	Lefner or an authorized representative of a member.
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605, constitutes an affirmation under	nber or an authorized representative of a member.  .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nber or an authorized representative of a member.  .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.  .ation submitted in a document to the Department of Sate.
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