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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Scoretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number : 072450003255 Phone

: (305)541-3694

Fax Number

: (305)541-3770

LIMITED LIABILITY COMPANY

STRATEGIC CAPITAL ASSOCIATES, L.LC.

Certificate of Status	0
Certified Copy	1
Page Count	10
Estimated Charge	\$155.00

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EMPIRE CORP

305 541 3770 P.02/02

The name of the Limited Liability Company is:

STRATEGIC CAPITAL ASSOCIATES, L.L.C

ARTICLE II - Address:

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

16471 SW 126th St.

MIAMI, FL 33176 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

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 proyided for in Chapter 608, F.S..

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

(An additional article mustibe added Han effective date is requested)

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

ESUE JAY GROSS yped or printed name of signer

FILING FEES: 5 160.00 Filing Fee for Articles of Organization 5 25.00 Designation of Registered Agent
5 30.80 Certified Copy (OFTIONAL)
5 5.00 Exertificate of Status (OPTIONAL)

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TOTAL P. 81