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Division of Corporations

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : MIDLAND ENTERPRISES, INC./PARALEGAL ASSOCIATES

Account Number : I19990000034

Phone : (954) 565-7723

Fax Number : (954) 568-6771

LIMITED LIABILITY COMPANY

GROVE VENTURE MANAGEMENT, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION

OF

GROVE VENTURE MANAGEMENT, LLC.

ARTICLE ONE NAME

The name of the limited liability company shall be
GROVE VENTURE MANAGEMENT, LLC.

ARTICLE TWO PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Limited Liability Company is
5334 Sapphire Valley, Boca Raton, Florida 33486

ARTICLE THREE INITIAL REGISTERED AGENT AND STREET ADDRESS

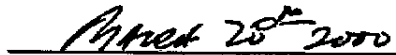
The name and Florida street address of the registered agent are
Anson Klinger of 5334 Sapphire Valley, Boca Raton, Florida 33486

ARTICLE FOUR MANAGER(S) AND STREET ADDRESS

The Limited Liability Company is to be managed by one manager or more managers and is,
therefore a manager- managed company. The name and address of the manager of this company
will be Anson Klinger of 5334 Sapphire Valley, Boca Raton, Florida 33486

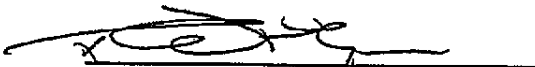


Signed by member
or an authorized representative of a member
Anson Klinger



Dated

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 for in Chapter 608, F.S.



Signed Anson Klinger
Registered Agent



Dated

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CLERK OF DISTRICT COURT
STATE OF FLORIDA