CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (\$50) 224-8870 • 1-800-342-8062 • Fax (\$50) 222-1222

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ARTICLES OF ORGANIZATION OF 850 LLC

The undersigned hereby form and establish a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

ARTICLE I

The name of this limited liability company is 850 LLC

ARTICLE II

The mailing address and street address of the principal place of business of this limited liability company are 4770 NW Boca Raton Blvd., Suite C, Boca Raton, Florida 33431. This limited liability company may at its discretion, at any time, change the address of its principal place of business.

ARTICLE III

The name and street address of the initial registered agent of this limited liability company are William L. Knight, 4770 NW Boca Raton Blvd., Suite C, Boca Raton, Florida 33431.

ARTICLE IV

This limited liability company is a manager-managed company.

ARTICLE V

In accordance with Section 608.409, Florida Statutes, this limited liability company is deemed to begin its existence on the date set forth immediately below.

IN WITNESS WHEREOF, the undersigned member of the limited liability company has signed his name as of July 26_, 2000.

Print Name: William L. Knight, Member

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the limited liability company is: 850 LLC
- 2. The name and address of the registered agent and office is:

(NAME) William L. Knight

(ADDRESS - P.O. BOX NOT ACCEPTABLE) 4770 NW Boca Raton Blvd., Suite C.

(CITY/STATE/ZIP) Boca Raton, Florida 33431

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 AM FAMILIAR WITH, AND ACCEPT, THE OBLIGATIONS OF THAT POSITION AS PROVIDED FOR IN CHAPTER 608 OF THE FLORIDA STATUTES.

Date: July <u>26</u>, 2000

William L. Knight