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Florida Department of State
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From:
Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
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LIMITED LIABILITY COMPANY

Opus18 LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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**ARTICLES OF ORGANIZATION
OF
Opus18 LLC**

ARTICLE I NAME

The name of the limited liability company shall be: Opus18 LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 7915 NW 64 St., Miami, Florida 33166-2723.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Gary Winer, 7915 NW 64 St., Miami, Florida 33166-2723. Located in the County of Dade.

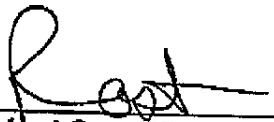
ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2041.

ARTICLE V MANAGERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Gary Winer, 7915 NW 64 St., Miami, Florida 33166-2723


Richard Oster, Vice President, Business Filings Incorporated.

Prepared by Richard Oster, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717.
(608) 827-5300.

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**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, 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.

The name of the limited liability company is: **Opus18 LLC**

The name and address of the registered agent and office is Gary Winer, 7915 NW 64 St.,
Miami, Florida 33166-2723. Located in the County of Dade.

Having been named as registered agent and to accept service of process for the above
stated corporation 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.

Signature:

G. S. Winer
Gary Winer

Date: August 8, 2001

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