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Fax Number : (850) 205-0383

From:
Account Name : SCOTT A. ELK, P.A.
Account Number : I19980000040
Phone : (561) 368-8800
Fax Number : (561) 394-3699

AL

LIMITED LIABILITY COMPANY

Nima LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
NIMA LLC**

The undersigned, for purposes of forming a limited liability company in accordance with the Florida Limited Liability Company Act, do hereby state the following:

1. NAME. The name of the limited liability company shall be NIMA LLC (the "Company").
2. DURATION. The period of the Company's duration is perpetual from the date of filing the Articles of Organization with the Florida Secretary of State, unless sooner dissolved by the members, unless extended by its members, or as provided by statute.
3. PURPOSE. The purposed for which the Company has been formed is to engage in any lawful act, activity or business not contrary to and for which a limited liability company may be formed under the laws of the State of Florida, and to have and exercise all powers, rights and privileges conferred by the laws of Florida on limited liability companies, including but not limited to the performance of services, buying, leasing or otherwise acquiring and holding, using or enjoying and selling, leasing or otherwise disposing of any interest in any property, real or personal, tangible or intangible, or whatever nature and wheresoever situated, and buying, selling and holding stocks, bonds, or any other security of any issuer as the Company may, at any time and from time to time, deem advisable.
4. OFFICE. The mailing address and street address, in the State of Florida where the principal office of the Company is to be located, is:

7900 Glades Road
Suite 430
Boca Raton, FL 33434
5. REGISTERED AGENT. The name and address of Company's registered agent, whose Consent to Appointment as Registered Agent is included with this Articles of Organization, is:

Jonathan Toppel
7900 Glades Road
Suite 430
Boca Raton, FL 33434
6. ADMISSION OF ADDITIONAL MEMBERS. The Company has one (1) or more members. Additional members may be admitted only on the terms that are unanimously agreed to by all members in the Operating Agreement. The initial one (1) member is:

Jonathan Toppel
7900 Glades Road
Suite 430
Boca Raton, FL 33434

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PREPARED BY: SCOTT A. ELK, P.A.
ELK, BANKIER & CHRISTU^{LLP}
4800 NORTH FEDERAL HWY., SUITE 200-S
BOCA RATON, FL 33431
TELEPHONE NO: 561/368-8800
FL BAR NO. 654566

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7. CONTINUITY. The remaining members of the Company will have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this Company.
8. MEMBERS. The business of the Company will be conducted under the exclusive management and be limited to its members who will vote according to their proportionate interest in the Company and shall have exclusive authority to act for the Company in all matters. The name and address of the member is:

Jonathan Toppel
7900 Glades Road
Suite 430
Boca Raton, FL 33434

9. MANAGEMENT. The Manager of the Company shall be Jonathan Toppel.

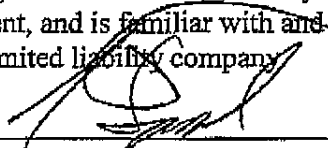
ORIGINAL APPOINTMENT OF AGENT

The undersigned, being all of the members of Nima LLC a limited liability company organized under the laws of the State of Florida, hereby appoint Jonathan Toppel, a natural person who is a resident of this State, as registered agent upon whom any process, notice or demand required or permitted by statute to be served upon the Company may be served.

His complete address is: Jonathan Toppel
7900 Glades Road
Suite 430
Boca Raton, FL 33434

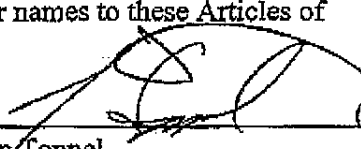
ACCEPTANCE OF AGENT

The undersigned, named herein as the statutory registered agent for Nima LLC, hereby acknowledges and accepts the appointment of registered agent, and is familiar with and accepts the obligations of the position of Registered Agent for the limited liability company.



Jonathan Toppel (L.S.)

IN WITNESS WHEREOF, we have hereunto subscribed our names to these Articles of Organization on this 4th day of January, 2002.



Jonathan Toppel (L.S.)

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STATE OF Florida)
COUNTY OF Palm Beach) ss:

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared Jonathan Toppel, who is

☐ personally known to me, or
☒ has produced Driver's License as identification

and who executed the foregoing instrument and acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 4th day of January, 2002.

Jennifer Ambrose
(Signature)

(Printed Name)

My Commission Expires:
My Commission No. is:



Jennifer Ambrose
MY COMMISSION # 01385761 EXPIRES
December 12, 2003
BONDED THRU FIDELITY INSURANCE INC

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