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Account Number : 076376001555

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AL

LIMITED LIABILITY COMPANY

KEYSTONE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Fax Audit Number: H020000095560

ARTICLES OF ORGANIZATION

OF

KEYSTONE, LLC

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company shall be: Keystone, LLC.

ARTICLE II

The mailing address and street address of the principal office of the limited liability company shall be 526 Club Drive, Palm Beach Gardens, Florida, 33418, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

ARTICLE III

The initial registered office of this limited liability company is 526 Club Drive, Palm Beach Gardens, Florida 33418. The initial registered agent at that address is Alan Levine.

ARTICLE IV

This limited liability company will be a manager-managed company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 10th day of January, 2002.

Alan Levine, Manager

SECRETARY OF STATE TALLAHASSEE, FLORID

Fax Audit No. H020000095560

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

FIRST -- The name of the limited liability company is Keystone, LLC.

SECOND -- The name and address of the registered agent and office is:

Alan Levine 526 Club Drive Palm Beach Gardens, Florida 33418 02 JAN 10

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.

Dated this 10thday of January, 2002.

Alan Levine, Registered Agent

Fax Audit Number: H020000095560

SECRETARY OF STATE TALLAHASSEE, FLORIDA