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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : STROOCK & STROOCK & LAVAN
Account Number : 072100000020
Phone : (305) 358-9900
Fax Number : (305) 789-9302

AL

LIMITED LIABILITY COMPANY

Aron Capital, L.L.C.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF**

ARON CAPITAL, L.L.C.

The undersigned two or more persons hereby form a limited liability company under the Florida Limited Liability Company Act and adopt as the Articles of Organization of such limited liability company the following:

- I. The name of the limited liability company:

ARON CAPITAL, L.L.C.

(the "Company")

- II. The period of its duration:

Thirty years from the date of filing of these Articles of Organization with the Secretary of State of the State of Florida.

- III. The purpose for which the limited liability company is organized:

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

THIS INSTRUMENT PREPARED BY:
Michael Basile, Esq.
Fla. Bar No. 197799
Stroock & Stroock & Lavan LLP
200 S. Biscayne Blvd., Suite 3300
Miami, Florida 33131
(305) 358-9900

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IV. The initial address of the principal place of business in Florida:

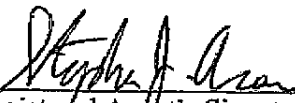
1601 Forum Place, Suite 1000
West Palm Beach, FL 33401

The name and the Florida street address of the registered agent are:

Stephen J. Aron
5527 N. Military Trail, Apt. 1403
Boca Raton, FL 33496

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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.



Registered Agent's Signature

V. Management:

Management of the Company is reserved to the Members. The names and addresses of the Members are:

STEPHEN J. ARON

5527 N. Military Trail, Apt. 1403
Boca Raton, FL 33496

MICHAEL T. ARON

4000 N.W. 57th Street
Boca Raton, FL 33496

Dated: January 28, 2002.

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STEPHEN J. ARON

Stephen J. Aron

MICHAEL T. ARON

Michael T. Aron

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TALLAHASSEE, FLORIDA
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STATE OF FLORIDA

COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this 18th day of January, 2002 by STEPHEN J. ARON. He/she is personally known to me or has produced a FL Driver's License as identification and did (did not) take an oath.
A 650-790-73-217-0



Arlene M. Rasile

Print Name: _____

Title: _____

Serial Number: _____

(if any)

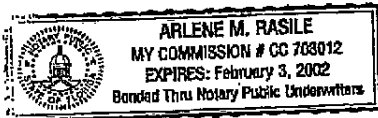
My Commission Expires: _____

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STATE OF FLORIDA

COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this 28th day of January, 2002 by MICHAEL T. ARON. He/she is personally known to me or has produced a FL Driver's License as identification and did (did not) take an oath.
A 650-558-73-216-0



Arlene M. Rasile

Print Name: _____

Title: _____

Serial Number: _____

(if any)

My Commission Expires: _____

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02 JAN 28

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