

Division of Corporations

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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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

Attn: Sue DeVerson
#991144.0001

From: Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954)525-7500
Fax Number : (954)761-8475

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR 11 PM 4:30

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LIMITED LIABILITY COMPANY

Character America, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

04/11/2002

15:45

TRIPP, SCOTT PA. → 991144#0001#18502050383#

NO. 146 0002

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**ARTICLES OF ORGANIZATION
OF
CHARACTER AMERICA, LLC**

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

**ARTICLE I
NAME**

The name of this limited liability company is:

CHARACTER AMERICA, LLC

**ARTICLE II
PRINCIPAL OFFICE/MAILING ADDRESS**

The principal office and mailing address of this limited liability company is:

15951 SW 41st Street
Suite 300
Davie, Florida 33331

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED
AGENT'S SIGNATURE**

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

Christopher Kennedy
15951 SW 41st Street
Suite 300
Davie, Florida 33331

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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.

By: 

Christopher Kennedy
Registered Agent

Prepared By: Christine Yates, Esq.
Tripp Scott, PA
P. O. Box 14245
Ft. Lauderdale, FL 33302
(954) 525-7500

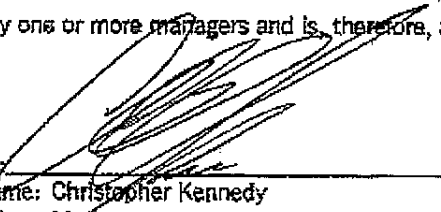
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**ARTICLE IV
MANAGEMENT**

The limited liability company is to be managed by one or more managers and is, therefore, a manager-managed company.

By: 
Name: Christopher Kennedy
Title: Manager

(In accordance with Section 608.403(3), Florida Statutes,
the execution of this document constitutes an affirmation
under penalties of perjury that the facts stated herein are
true.)