L02000013461

ACCOUNT NO. : 072100000032

REFERENCE : 602440 7288821

AUTHORIZATION : Patricia Pyjet

COST LIMIT : $ 125.00

ORDER DATE : May 30, 2002

ORDER TIME : 12:36 PM

ORDER NO. : 602440-015

CUSTOMER NO: 7288821

CUSTOMER: Clara Del Risco, Esq
Clara Del Risco, P.a.

13899 Biscayne Blvd.
Suite 154
Miami, FL 33181

FILED
02 MAY 31 AM 10:402 MAY 31 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION

RECEIVED

DOMESTIC FILING

NAME: AOG DAT, LLC

700005662947--3

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX ____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

BOG DAT, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

951 DESOTO ROAD, BOCA RATON, FLORIDA 33432

FILED
02 MAY 31 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

CLARA DEL RISCO, ESQ.
Name

13899 BISCAYNE BOULEVARD, SUITE 154
Florida street address (P.O. Box **NOT** acceptable)

MIAMI FL 33181
City, State, and Zip

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.

CLARA DEL RISCO, ESQ.
BY: _____
Registered Agent's Signature

Article IV - Management (Check box if applicable.)
[X] The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

_____
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CLARA DEL RISCO, ESQ.
Typed or printed name of signee

Filing Fees:
$100.00 Filing Fee for Articles of Organization
$ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)