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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

BLUE NOMAD, L.L.C.

Certificate of Status	0
Certified Copy	1
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9-17-02

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(3)
ARTICLES OF ORGANIZATION
FOR
BLUE NOMAD, L.L.C.,
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is:

BLUE NOMAD, L.L.C.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

1000 Quayside Terrace, Suite 509
Miami, Florida 33138

ARTICLE III - REGISTERED AGENT, REGISTERED
OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Lisette Pie Salazar, Esq.
240 Crandon Blvd., Suite 266
Key Biscayne, Florida 33149

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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.


Lisette Pie Salazar, Esq.

This instrument prepared by:
Lisette Pie Salazar, Esq.
Florida Bar No. 0977410
240 Crandon Blvd., Suite 266
Key Biscayne, Florida 33149

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ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by two managers and is, therefore, a manager-managed company.



Lisette Pie Salazar, Esq.
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.)

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