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To:

Division of Corporations

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and M. Guerra, Ect. 4546 une name : exerman, senterfitt & eidson, p.a.

Account Name

Account Number : 075471001363 Phone

(305) 374 - 5600

Fax Number

: (305)374-5095

LIMITED LIABILITY COMPANY

DERKSEN SYSTEMS, LLC

BK

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Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION OF DERKSEN SYSTEMS, LLC

ARTICLE T: - Name

The name of the Limited Liability Company is: DERKSEN SYSTEMS, LLC

ARTICLE II: - Address

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

c/o Style Ventures, Inc. 1109 Ponce de Leon Boulevard Coral Gables, Florida 33134

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Mark A. Funnen 1109 Ponce de Leon Boulevard Coral Gables, Florida 33134

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.

Mark A. Funnen

Registered Agent

ARTICLE IV: - Management

The Limited Liability Company is to be managed by one or more members and is, therefore, a member - managed company.

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

(In accordance with section §608(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Mark A. Funnen
Typed or printed name of signee

Dated this 23 tel day of September, 2002.