

CT CORPORATION

L02000027502

October 17, 2002

Secretary of State, Florida  
409 East Gaines Street  
N/A  
Tallahassee FL 32399

FILED  
02 OCT 17 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 5702054 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Bodyview, L.L.C. (FL)  
Formation  
Florida

*ByK*

RECEIVED  
02 OCT 17 PM 12:29  
CORPORATION STATE  
TALLAHASSEE, FLORIDA

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

000008429300--0  
-10/17/02--01059--012  
\*\*\*\*125.00 \*\*\*\*125.00

Katrina Forsman  
Fulfillment Specialist  
Katrina\_Forsman@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
Bodyview, L.L.C.

**ARTICLE II - Address:**

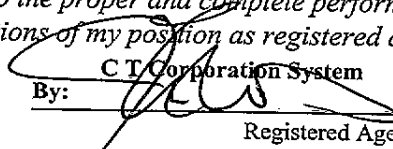
The mailing address and street address of the principal office of the Limited Liability Company is:  
3122 East Commercial Blvd., Ft. Lauderdale, Florida 22208

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

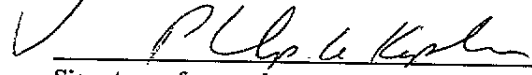
The name and the Florida street address of the registered agent are:

C T Corporation System Name  
c/o C T Corporation System, 1200 South Pine Island Road  
Florida street address (P.O. Box NOT acceptable)  
Plantation FL 33324  
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.*

C T Corporation System  
By:  Registered Agent's Signature

J.L. Miles - Asst. Secy.  
(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.)

Philip G. Kaplan, 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)

FILED  
02 OCT 27 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA