Florida Department of State

LEUNE LARY OF STATE TALLAHASSEE, FLORIDA

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

rom:
Account Name: ELK, BANKER & CHRISTU, LLP
Account Number: I19980000040

To:

From:

Account Number : I19980000040 Phone

; (561)368-8800

Fax Number : (561)394-3699

LIMITED LIABILITY COMPANY

L.E.L., LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION FOR L.E.L., LLC

TALLAHASSEE, FLORIDA

The undersigned, for purposes of forming a limited liability company, in accordance with the Florida Limited Liability Company Act, do hereby state the following:

ARTICLE I - The name of the limited liability company is L.E.L., LLC (the "Company");

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

6505 N.W. 39th Terrace Boca Raton, Florida 33496

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

LEE GRIFFITH
6505 N.W. 39th Terrace
Boca Raton, Florida 33496

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.

LEE GRIFFITH, Registered Agent

ARTICLE IV - The Company is to be managed by one or more managers and, therefore, is a

manager-managed company.

Dated:

In accordance with section 8608.408(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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