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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 119474 4332380

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : June 4, 2003

ORDER TIME : 9:41 AM

ORDER NO. : 119474-005

CUSTOMER NO: 4332380

CUSTOMER: Mr. Michael R. Storace
Michael R. Storace, P.a.

Suite 1607
9100 South Dadeland Blvd.
Miami, FL 33156

DOMESTIC FILING

NAME: CONTENDER, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 1114

EXAMINER'S INITIALS: _____

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STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
CONTENDER, LLC

PREAMBLE

The undersigned hereby adopts these Articles of Organization effective upon the date of filing with the Secretary of State of the State of Florida.

ARTICLE I
NAME

The name of this Limited Liability Company is:

CONTENDER, LLC

ARTICLE II
ADDRESS OF OFFICE AND AGENT

2.1 Place of Business. The initial business and mailing address of the Company is: 9100 South Dadeland Boulevard, Suite 1607, Miami, Florida 33156-7817, or such other place or places as the Member may designate from time to time.

2.2 Registered Agent. The initial Registered Agent of the Company is: LAW OFFICES OF MICHAEL R. STORACE, P. A., whose address is 9100 South Dadeland Boulevard, Suite 1607, Miami, Florida 33156-7817.

ARTICLE III
MANAGEMENT

The Company shall be Manager - Managed.

IN WITNESS WHEREOF the undersigned, as Member hereby duly execute this Articles of Organization this 4th day of June, 2003, and asserts that said Articles are being filed with the Secretary of State of Florida in accordance with Florida Statutes Sections 608.407 and 608.4081.

MICHAEL R. STORACE, as Authorized Agent

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this 4th day of June, 2003, by MICHAEL R. STORACE, who is personally known to me or has produced PERSONALLY KNOWN as identification and who did not take an oath.

Notary

Printed Name: GLONDA M. BULNES
My Commission Expires: 4/26/06

510GBYr03



Glonda M. Bulnes
MY COMMISSION # DD105134 EXPIRES
April 26, 2006
BONDED THRU TROY FARM INSURANCE, INC.

FROM : MICHAEL R. STORACE

PHONE NO. : 305 665 2334

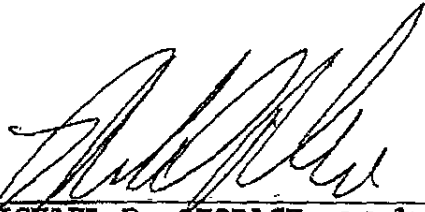
Jun. 04 2003 03:00PM P3

CONTENDER, LLC

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

The undersigned having been named Registered Agent to accept service of process for the above stated **CONTENDER, LLC**, at the place designated in this Certificate, the undersigned **MICHAEL R. STORACE**, as Authorized Agent of the Law Offices of Michael R. Storace, P. A., whose address is 9100 South Dadeland Boulevard, Suite 1607, Miami, Florida 33156-7817, does hereby accept to act in that capacity, and agrees to comply with the provisions of Florida Statutes relative thereto.

DATED: June 4, 2003.



MICHAEL R. STORACE, as Authorized Agent of the
Law Offices of Michael R. Storace, P. A.

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