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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072450003255 Phone (305) 634-3694 : (305)633-9696 Fax Number

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

THE DEAN, LLC

Certificate of Status Ò Certified Copy 1 Page Count 04 Estimated Charge \$155.00

H03005209184

This instrument was prepared by: David M. Goldstein, Esq. 200 S. Biscayne Boulevard Suite 1880 Miami, Florida 33131



ARTICLES OR ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is: THE DEAN, LLC.

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability

Company is:

c/o David M. Goldstein, Esq. 200 S. Biscayne Boulevard, Suite 1880 Miami, Florida 33131

ARTICLE III

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

David M. Goldstein, Esq. 200 S. Biscayne Boulevard, Suite 1880 Miami, Florida 33131

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 an complete performance of my duties, and I familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature

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ARTICLE IV

The Limited Liability Company is to be managed by one or more managers and is therefore, a managed company by the following individual(s):

Robert Frankel, Manager

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this Affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SECRETARY OF STATE

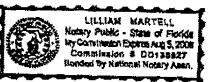
STATE OF FLORIDA COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this ______ day of June, 2003,

by David M. Goldstein . who is personally known to me.

NOTARY PUBLIC, State of Florida

My Commission expires:



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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

I. The name of the limited liability company is:

THE DEAN, LLC.

The name and address of the registered agent and office is:

DAVID M. GOLDSTEIN, ESQUIRE 200 S. BISCAYNE BOULEVARD, SUITE 1880 MIAMI, FLORIDA 33131

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.

(Signature)

Date)

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SECRCIARY OF STATE
FALL AHASSEF, FLORIDA

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