

# L030000033649

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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**LIMITED LIABILITY COMPANY**

**CAROL SUSAN, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

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ARTICLES OF ORGANIZATION

OF

CAROL SUSAN, LLC

Pursuant to section 608.407, Florida Statutes, the undersigned hereby files these Articles of Organization as follows:

ARTICLE I - NAME

The name of the Limited Liability Company is CAROL SUSAN, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 23 Hampshire Lane, Boynton Beach, FL 33436

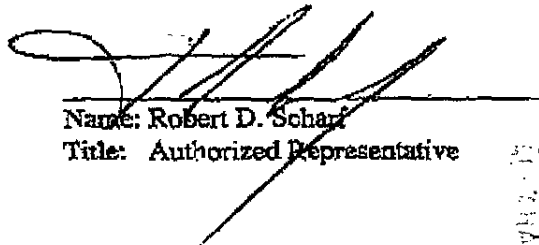
ARTICLE III - DURATION

The period of duration for the Limited Liability Company is perpetual.

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by its members.

IN WITNESS WHEREOF, the undersigned member/authorized representative has hereunto set his hand and seal this 28<sup>th</sup> day of August, 2003



Name: Robert D. Scharf

Title: Authorized Representative

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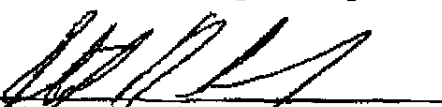
CERTIFICATE DESIGNATING REGISTERED AGENT  
AND REGISTERED OFFICE

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement in designating the registered office/registered agent:

CAROL SUSAN, LLC, desiring to organize as a limited liability company under the laws of the State of Florida, has designated Weinstein & Scharf, P.A., 1999 University Drive, Suite 402, Coral Springs, Florida 33071, as its initial Registered Office and has named Robert D. Scharf, located at said address as its initial Registered Agent.

By:   
Robert D. Scharf  
Authorized Representative

Having been named Registered Agent for the above stated limited liability company, at the designated Registered Office, the undersigned hereby accepts said appointment and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the obligations of the undersigned's position as registered agent.

By:   
Robert D. Scharf  
Registered Agent

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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APPROVED  
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