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To:

Division of Corporations

Fax Number : (850)205-0383

Erom:

Account Name : STEPHEN M. STONE, ESQ.

Account Number : 119980000067 Phone : (407)423-7910

Fax Number : (407) 423-8083

LIMITED LIABILITY COMPANY

MiSaKor, LLC

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ARTICLES OF ORGANIZATION

OF

MiSaKor, LLC

ARTICLE I—NAME

The name of this company is MiSaKor, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 3182 TIMUCUA CIRCLE, ORLANDO, FL 32837.

ARTICLE III—REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are; ROBIN LYNN KAPLAN,3182 TIMUCUA CIRCLE, ORLANDO, FL 32837.

ARTICLE IV-MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company.

ARTICLE V-MEMBERS

The members of the Company are:

NAME	ADDRESS	TITLE		-
ROBIN LYNN KAPLAN	3182 TIMUCUA CIRCLE ORLANDO, FL 32837	MANAGING MEMBER		0
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IN WITNESS WHEREOF, the undersigned Member has executed these Articles of Organization on the Laday of Scholar 1203.

ROBIN LYNN KAPLAN Incorporator/Member

In accordance with Section 608.498(3). Florida Statutes, the execution of this document constitutes an affirmation under the panalities of perjury that the facts stated herein are true.

CERTIFICATE OF ACCEPTANCE BY REGISTERED AGENT

Pursuant to the provisions of Section 608,415, MiSaKor, LLC, a Limited Liability Company, organized under the laws of the State of Florida, has designated the registered agent and office in the foregoing Articles of Organization, and submits the following statement of acceptance by the Registered Agent:

HAVING BEEN NAMED AS REGISTERED AGENT AND DESIGNATED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HERRBY 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, FLORIDA STATUTES.

DATES Stemler 1/2003

ROBIN LYNN KAPI AN, Registor

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