

01/16/2004 12:18

BERGER SINGERMAN - FORT LAUDERDALE (850) 205-0383

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Division of Corporations

**L04000004560**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : BERGER SINGERMAN - FORT LAUDERDALE  
Account Number : I20020000154  
Phone : (954) 525-9900  
Fax Number : (954) 523-2872

**LIMITED LIABILITY COMPANY**

**AFVER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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BERGER SINGERMAN → 888#7264#003#18502050383

NO.583 0002

FAX AUDIT NO: H04000011100 3.

**ARTICLES OF ORGANIZATION  
OF  
AFVER, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, in forming a Florida Limited Liability Company ("Company") under the Florida Limited Liability Company Act, Chapter 608 of the Florida Statutes, hereby adopt the following Articles of Organization for such Company:

**ARTICLE I  
NAME**

The name of the Company is AFVER, LLC.

**ARTICLE II  
ADDRESS**

The mailing address and the street address of the principal office of the Company is 3700 Airport Road, Suite 307, Boca Raton, Florida 33431.

**ARTICLE III  
INITIAL REGISTERED AGENT AND REGISTERED OFFICE**

The name and street address of the initial Registered Agent of the Company is Jack Arick c/o Evolution Partners, LLC, 3700 Airport Road, Suite 307, Boca Raton, Florida 33431.

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

Dated: \_\_\_\_\_

1/9/04

Jack Arick

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CLERK OF COURT  
JULIAN S. S. 02100

FAX AUDIT NO: H040000111003

**ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT**

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, Florida Statutes.

Dated: \_\_\_\_\_

1/9/04\_\_\_\_\_  
Initial Registered AgentAFFIDAVIT  
AND  
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