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To:

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From:

*Diana Guerra, Ext. 4546*  
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
Account Number : 075471001363  
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**LIMITED LIABILITY COMPANY**

**EFW ASSOCIATES, LLC**

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**ARTICLES OF ORGANIZATION  
FOR  
EFW ASSOCIATES, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **EFW ASSOCIATES, LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: **4779 Collins Avenue, Suite 1508, Miami Beach, Florida 33140.**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

*Eric Wenke.*  
**4779 Collins Avenue  
Suite 1508  
Miami Beach, FL 33140**

*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, F.S.*

By   
**Eric Wenke**  
**Registered Agent's Signature**

Signed and dated this 22<sup>nd</sup> day of April, 2004.

  
**Eric Wenke, Member**