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Account Name : BUSINESS FILINGS Account Number : 105256001620

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LIMITED LIABILITY COMPANY

Levine Wealth, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION OF Levine Wealth, LLC

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ARTICLE I

NAME

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The name of the limited liability company shall be: Levine Wealth, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 1110 Brickell Ave., 7th Floor, Miami, Florida 33131.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 660 East Jefferson Street, Tallahassee, Florida 32301. Located in the County of Leon.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Stanley Levine, 1110 Brickell Ave., 7th Floor, Miami, Florida 33131

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717 (608) 827-5300

FAX AUDIT # 10 4000 10 18843

+104000101 8843

CERTIFICATE OF DESIGNATION OF REGISTERED D AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FRORTO'S STA THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF T STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Levine Wealth, LLC

The name and address of the registered agent and office is: Business Filings Incorporated, 660 East Jefferson Street, Tallahassee, Florida 32301. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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:

Business Filings Incorporated

Date: May 10, 2004

FAX AUDIT # 104000 1018842