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(Business Entity Name)

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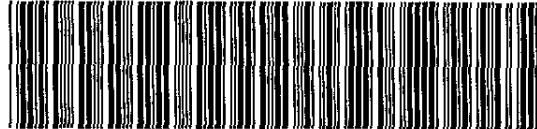
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100

1. *Journal of the American Medical Association*, 1997; 277: 1001-1005.

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Figure 1



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SECRETARY OF STATE,
TALLAHASSEE, FLORIDA.

2004 MAY 10 P 3:52

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Unicorn Gulf, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Schwartz
(Name of Person)

Arnold Goldstein + Associates
(Firm/Company)

2500 N. Military Trail #260
(Address)

Boca Raton FL 334
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Schwartz at (561) 953-1055
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2009 MAY 10 PM 3:52
TALLAHASSEE, FL
SECRETARY OF STATE

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Unicorn Gulf, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

4050 NE 27th Terrace
Lighthouse Pt
FL 33064

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Marvin Giddings
Name

4050 NE 27th Terrace
Florida street address (P.O. Box **NOT** acceptable)

Lighthouse Pt FLORIDA 33064
City, State, and Zip

FILED
2008 MAY 10 P 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Marvin Giddings
Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Marvin Giddings
4050 NE 27th Terrace
Lighthouse Pt, FL 33064

MGRM

Jane Giddings
4050 NE 27th Terrace
Lighthouse Pt, FL 33064

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Marvin Giddings
Signature of a member or an authorized representative of a member.

(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.)

Marvin Giddings
Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)