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From: Angelica M.	Chiru	•	RECE OF JE 28 JUNISION OF
	: AKERMAN, SENTERF	ITT & EIDSON, P.A.	7 8
Account Number			COR PE
Phone	: (305)374-5600		<b>2 3 1</b>
Fax Number	: (305)374-5095	44.5 (1)	PH 4: 02 CORPORATION

## LIMITED LIABILITY COMPANY

## SHWIM COMPANY, LLC

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FAX AUDIT No. H04000134811

## ARTICLES OF ORGANIZATION OF SHWIM COMPANY, LLC

ARTICLE I: - Name

The name of the Limited Liability Company is: SHWIM COMPANY, LLC

ARTICLE II: - Address

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

450 East Las Olas Boulevard Suite 1500 Fort Lauderdale, Florida 33301

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

American Information Services, Inc. One Southeast Third Avenue, 28th FL Miami, Florida 33131

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.

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Angelica M. Chiru, Assistant Secretary Registered Agent

Gon Services, Inc.

Signed and dated this 16th day of June, 2004.

Cris V. Branden

Authorized Representative of a Member