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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : A 1 A CORPORATE SERVICES, INC  
Account Number : I20010000247  
Phone : (877) 527-3463  
Fax Number : (305) 675-2811

**LIMITED LIABILITY COMPANY**

**MASCAT, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 02       |
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DIVISION OF CORPORATION

**L0453804**  
*[Signature]*

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

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

MASCAT, LLC

**ARTICLE II ADDRESS**

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

C/O STEVE MASCHI

500 E. 77TH ST.

NEW YORK, NY 10162

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

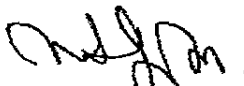
The name and the Florida street address of the registered agent are:

A1A REGISTERED AGENT INC.

92 SADBERRY RD.

QUINCY, FL 32351

Having been named as registered agent 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..



Registered Agent's Signature

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one member or more members and is, therefore, a member - managed company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER:

STEVE MASCHI

500 E. 77TH ST.

NEW YORK, NY 10162

MANAGING MEMBER:

LARRY SCHATZ

101 E. 16TH ST.

NEW YORK, NY 10003

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PAGE 2 MASCAT, LLC



Signature of a member or an authorized representative of a  
(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.

LARRY SCHATZ

Typed or printed name of signee

FILED  
JUL 20 2004  
TALLAHASSEE, FLORIDA

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JUL 20 2004  
TALLAHASSEE, FLORIDA

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