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LIMITED LIABILITY COMPANY

The Lyle Group, LLC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION OF The Lyle Group, LLC

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ARTICLE I

NAME

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The name of the limited liability company shall be: The Lyle Group, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 6363 NW 6th Way, Suite 470, Ft. Lauderdale, Florida 33309.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Joshua Lyle, 6363 NW 6th Way, Suite 470, Ft. Lauderdale, Florida 33309. Located in the County of Broward.

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 Members and the name and address of the member of the Limited Liability Company is:

Joshua Lyle, 6363 NW 6th Way, Suite 470, Ft. Lauderdale, Florida 33309

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 # 10400 187 6933

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FILED

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, SEP 20 P 12: 23 THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE SECRETARY OF STATE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN TALLAHASSEE, FLORIDA STATE OF FLORIDA.

The name of the limited liability company is: The Lyle Group, LLC

The name and address of the registered agent and office is: Joshua Lyle, 6363 NW 6th Way, Suite 470, Ft. Lauderdale, Florida 33309. Located in the County of Broward.

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:

zoshua Lyb

Date: September 15, 2004

FAX AUDIT # 10400 /876433