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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**LIMITED LIABILITY COMPANY**

**psp investments, llc**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

PSP INVESTMENTS, LLC

ARTICLES OF ORGANIZATION  
FOR  
FOR FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

(3)

ARTICLE I - Name:

The name of the Limited Liability Company is:

PSP INVESTMENTS, 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:

PSP INVESTMENTS, LLC

PSP INVESTMENTS, LLC

912 CORTEZ STREET

912 CORTEZ STREET

CORAL GABLES, FL 33134

CORAL GABLES, FL 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

PATRICIA MILLAN

Name

912 CORTEZ STREET

Florida street address (P.O. Box NOT acceptable)

CORAL GABLES

FLORIDA 33134

City, State, and Zip

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..

  
Registered Agent's Signature

ARTICLE IV - The effective date of this Company  
shall be September 24, 2004

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PSP INVESTMENTS, LLC  
ARTICLE V- Manager(s) or Managing Member(s):  
The name and address of each Manager or Managing Member is as follows:

2004 SEP 29 A 10:08

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Title:  
"MGR" = Manager  
"MGRM" = Managing Member

Name and Address:

MGRM

PATRICIA MILLAN  
912 CORTEZ STREET  
CORAL GABLES, FL 33134

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

  
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.)

PATRICIA MILLAN

Typed or printed name of signer

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