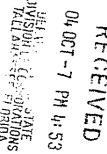
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| (Requestor's Name) (Address) | | |
|---|------------|--|
| (Address) | 6000409 | |
| (City/State/Zip/Phone #) | 10/08/0401 | |
| (Business Entity Name) (Document Number) | | |
| Certified Copies Certificates of Status | | |
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October 7, 2004

R (S):

| S | ERVICES | CORPORATION NAME (S) AND DOCUMENT NUMBER (|
|----------|---|---|
| Cabi | SMA, LLC | |
| | Filing Evidence □ Plain/Confirmation Cop | Type of Document Or Certificate of Status |
| | □ Certified Copy | ☑ Certificate of Good Standing 👵 |
| | | □ Articles Only |
| | Retrieval Request Photocopy | All Charter Documents to Include Articles & Amendments Fictitious Name Certificate |
| | □ Certified Copy | □ Other |
| | NEW FILINGS | AMENDMENTS |
| | Profit | Amendment |
| | Non Profit | Resignation of RA Officer/Director |
| X | Limited Liability | Change of Registered Agent |
| | Domestication | Dissolution/Withdrawal |
| <u> </u> | Other | Merger |
| | | |
| | OTHER FILINGS | REGISTRATION/QUALIFICATION |
| | Annual Reports | Foreign |
| | Fictitious Name | Limited Liability |
| | Name Reservation | Reinstatement |
| | Reinstatement | Trademark |
| | <u></u> | Other |

ARTICLES OF ORGANIZATION OF CABI SMA, LLC

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<u>ARTICLE I</u> NAME

The name of this Limited Liability Company shall be CABI SMA, LLC (the "Company).

ARTICLE II PRINCIPAL PLACE OF BUSINESS

The principal place of business of the Company shall be 19950 W. Country Club Drive, Suite 900, Aventura, Florida 33130, and such other place or places as the member(s) from time to time may determine. The mailing address of the Company is 19950 W. Country Club Drive, Suite 900, Aventura, Florida 33130.

ARTICLE III INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The initial registered agent of the Company shall be Atrium Registered Agents, Inc. The address of the initial registered agent is 1500 San Remo Avenue, Suite 125, Coral Gables, Florida 33146.

ARTIÇLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager – managed company.

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed on the 7th day of October, 2004, effective upon filing same with the Florida Department of State.

BY:

Dennis Ginsburg, Authorized Representative

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT DESIGNATING ITS REGISTERED OFFICE AND REGISTERED AGENT IN FLORIDA.

1. The name of the limited liability company is:

CABISMA, LLC

2. The name and address of the registered agent and office is:

Atrium Registered Agents, Inc. 1500 San Romo Avenue, Suite 125 Coral Gables, Florida 33146

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE DUTIES AND OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

ATRIUM REGISTERED AGENTS. INC.

By:

Dennis Ginsburg, Vice President

Date: October 7, 2004