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Division of Corporations

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To:

Division of Corporations

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: (850)205-0383

From:

Account Name

: PAUL M. BLOOMGARDEN, P.A.

Account Number : I20010000022 Phone

: (954)370-2222

Fax Number

· (954)370-2211

MANUAL OF BOKPORATION

LIMITED LIABILITY COMPANY

FATIMAH TRUSTING FRIENDS, L.L.C.

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ARTICLES OF ORGANIZATION OF

FATIMAH TRUSTING FRIENDS, L.L.C.

2004 OCT 29 A II SECRETARY OF STALLAHASSEE, FLOA

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - NAME

The name of the Limited Liability Company shall be FATIMAH TRUSTING FRIENDS, L.L.C. ("Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company shall be 1035 NW 121" Lane, Coral Springs, FL 33071.

ARTICLE III -- REGISTERED OFFICE AND AGENT

The name and the Florida street address of the registered agent is Paul M. Bloomgarden, 8551 West Sunrise Blvd., Suite 208, Ft. Lauderdale, FL 33322.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an Authorized Representative of a member and acknowledged them to be my act this 20th day of October 2004.

PAUL M. BLOOMGARDEN, Authorized Representative

(In accordance with section 608.408(3), Florida Statutes, the execution of this change constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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SECKETARY OF STATE TALLAHASSEE, FLORIDA

STATE OF FLORIDA COUNTY OF BROWARD

Sworn to and subscribed before me this 20th day of October 2004, by PAUL M. BLOOMGARDEN, who is personally known to me or has provided his Florida driver's license as identification and who did take an oath.

Notary Public

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FATIMAH TRUSTING FRIENDS, L.L.C.

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STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

TALL ARY OF STATE

I hereby accept the designation as registered agent to accept service of process for the above FLORIDA stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

PAUL M. BLOOMGARDEN

Registered Agent