Division of Corporations

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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : FOWLER, WHITE, BURNETT, ET AL

Account Number : 071250001512 Phone : (305)789-9200 Fax Number : (305)789-9201

RECEIVED NOV 30 AM 8: 12	OF CORPORATION	LIMIT	ED LIABILITY (COMPANY	STAY TO A
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ARTICLES OF ORGANIZATION

OF

PLUS, LLC

ARTICLE I

The name of the limited liability company formed hereby is PLUS, LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Con pany shall be as follows:

3390 Mary Street, Office 300 Miami, Florida 33133

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

John C. Strickroot, Esq. 1395 Brickell Avenue, 14th Floor Miami, Florida 33131 Audit No. H 04000236717 3

ARTICLE V

The Limited Liability Company shall be member-managed.

John C. Strickroot, as Authorized Representative o. the Members

STATE OF FLORIDA	<u>}</u>
COUNTY OF MIAMI-DADE))
Members, swho is personally known as identification, to be the	red John C. Strickroot, as Authorize I Representative of the wn to me, or who produced
In witness whereof I have her	eunto set my hand and official scal this 30 day of
Judith D. Rodman Commission a DD 19702 Expires Oct. 18, 2008 Bonded Thru Atlantic Bonding Co., Inc.	Print Name: TOWTH A Lay Mark
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Audit No. H04000236717 3

CERTIFICATE OF DESIGNATION OF RESIDENT AGENT AND ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

- 1. The name of the limited liability company is PLUS, LLC.
- 2. The name and address of the Registered Agent and Office is:

John C. Strickroot, Esq. 1395 Brickell Avenue, 14th Floor Miami, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.

John C. Strickroot, Register d Agent

PLUS, LLC

John C. Strickroot,

as Authorized Representative

of the Members

Audit No. H04000236717 3

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