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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 117293 9534A

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : December 30, 2004

ORDER TIME : 4:41 PM

ORDER NO. : 117293-005

CUSTOMER NO: 9534A

CUSTOMER: Ms. Nancy M. Marchitello  
Robert M. Arlen, P.a.

Suite 330  
110 E. Atlantic Avenue  
Delray Beach, FL 33444

DOMESTIC FILING

NAME: EVENT DOCTORS, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Justin Cheshire - EXT. 2909

EXAMINER'S INITIALS: \_\_\_\_\_

*Patricia F. [Signature]*  
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### ARTICLES OF ORGANIZATION FOR EVENT DOCTORS, LLC

THE UNDERSIGNED, ROBERT M. ARLEN, as authorized representative for DAVID SHAFRON and TOM SHAFRON as members, for the purposes of forming a limited liability company pursuant to Chapter 608 Florida Statutes, does hereby execute these Articles of Organization and would state:

1. The name of the limited liability company is EVENT DOCTORS, LLC.
2. The mailing address and street address of the principal office of the limited liability company is 1455 Ocean Drive, Suite 1208, Miami, FL 33139.
3. The name and Florida street address of the registered agent are Robert M. Arlen, Roy P. Kozupsky & Associates, LLP, 110 E. Atlantic Avenue, Suite 330, Delray Beach, FL 33444. The acceptance of the registered agent appears below.
4. The limited liability company is to be managed by one or more managers and is, therefore, a manager-managed company. The initial equal co-members and co-managers are DAVID SHAFRON and TOM SHAFRON.

Executed this 30<sup>th</sup> day of December, 2004 by ROBERT M. ARLEN as authorized representative of DAVID SHAFRON and TOM SHAFRON.



ROBERT M. ARLEN, authorized  
representative

### ACCEPTANCE OF REGISTERED AGENT

THE UNDERSIGNED, ROBERT M. ARLEN, whose address is shown in Section 3 above, having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in Section 3 above, does hereby accept his appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and he is familiar with and accepts the obligations of his position as registered agent as provided for in Chapter 608 Florida Statutes.



ROBERT M. ARLEN, registered agent