

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

LIMITED LIABILITY COMPANY
PARACHUTE, LLC

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**ARTICLES OF ORGANIZATION
OF
PARACHUTE, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be PARACHUTE, LLC ("company").

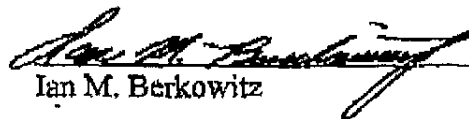
ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the company is Fairway Drive, Suite No. 205, Palm Beach Gardens, Florida 33418.

ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the State of Florida is: Ian M. Berkowitz, 2385 Executive Center Drive, Suite No. 190, Boca Raton, Florida 33431.

Having been named as registered agent and to accept service of process for the above named limited liability company at the place designated herein, I hereby accept 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 F.S. Chapter 608.


Ian M. Berkowitz

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ARTICLE IV - MANAGEMENT

The company is to be managed by one or more members and is, therefore, a member - managed company.

IN WITNESS WHEREOF, the undersigned member or authorized representative has made and subscribed these articles of organization at Boca Raton, Florida, on January 6th, 2005.

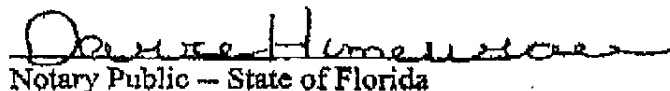

Ian M. Berkowitz

(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.)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Sworn to and subscribed before me this 6th day of January, 2005, by Ian M. Berkowitz, who is ☒ personally known to me OR ☐ produced identification.

Type of identification produced: _____


Notary Public -- State of Florida



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