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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660

LIMITED LIABILITY COMPANY

Laki Investment Group, LLC

Certificate of StatusICertified Copy0Page Count03Estimated Charge\$130.00

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ARTICLES OF ORGANIZATION LAKI INVESTMENT GROUP, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is LAKI INVESTMENT GROUP, LLC.

ARTICLE II - Address:

The street and mailing address of the principal office of the Limited Liability Company is:

6950 Bryan Dairy Road, Largo, Florida 33777

ARTICLE III -Management:

The Limited Liability Company is to be managed by a manager or managers.

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 12th day of January, 2005.

Signature of a member or an authorized representative of a member.

(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.)

Jugal K. Taneja

Typed or printed name of signee

2005 JAN 14 AM 10: 55

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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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is LAKI INVESTMENT GROUP, LLC.
- 2. The name and the Florida street address of the registered agent are:

Jugal K. Taneja 6950 Bryan Dairy Road, Largo, Florida 33777

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 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.

Signature

2005 JAN 14 AM 10: 55
SECRETARY OF STATE
TALLAHASSEE STATE