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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694 Phone

: (305)633-9696 Fax Number

LIMITED LIABILITY COMPANY

orchid circle l.l.c.

Certificate of Status Certified Copy 1 Page Count 04 Estimated Charge \$155.00

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ARTICLES OF ORGANIZATION FOR ORCHID CIRCLE L.L.C.

ARTICLE I Name

The name of the Limited Lizbility Company is ORCHID CIRCLE L.L.C.

ARTICLE II

Address

The mailing address and street address of the principal office of the Limited Liability Company is: 5185 Conklin Drive, Delray Beach, Florida 33484.

ARTICLE III Duration

This period of duration for the Limited Liability Company shall be: PERPETUAL.

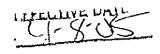
ARTICLE IV Purpose

This Limited Liability Company is organized for the purpose of transacting any or all lawful business for which corporations may be incorporated under the Florida Limited Liability Company Act.

ARTICLE V Registered Agent

The street address of the initial registered office of the Limited Liability Company shall be LISA.

1. GLASSMAN, P.A., 2627 NE 203rd Street, Suite 100, Aventura, FL 33180 and the name of the initial registered agent of the Limited Liability Company at that address is Lisa I. Glassman, Esq.



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ARTICLE VI Management

The Limited Liability Company is to be managed by five (5) managers and the names and the addresses of the managers are:

Lynn Lappin 5185 Conklin Drive Delray Beach, FL 33484

Rochelle Steinman 12334 St. Simon Drive Boca Raton, FL 33428

Martin Yaged 11 Appaloosa Drive Manalapan, NJ 07726

Frank Berthume 2004 Bridgewood Drive Boca Raton, FL 33434

Richard Heyman 44 Roxiticus Road Far Hills, NJ 07931

ARTICLE VII Effective Date

Pursuant to Florida Statute Section 608.409, the Limited Liability Company's existence shall be effective as of April 8, 2005, which is within five (5) business days prior to the date these Articles of Organization are filed with the Department of State.

The undersigned authorized representative of a member of ORCHID CIRCLE L.L.C. hereby executes these articles of organization on this 15 day of April, 2005.

Lyan Lappin

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO BE DESIGNATED A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the Limited Liability Company is ORCHID CIRCLE L.L.C.
- 2. The name and the Florida street address of the registered agent and office are:

Lisa I. Glassman, Esq. LISA I. GLASSMAN, P.A., 2627 NE 203rd Street, Suite 100 Aventura, FL 33180

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 as provided for in Chapter 608, F.S.

Lisa Classman Eso.

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