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To:

Division of Corporations

Fax Number : (850)

: (850)205-0383

From:

Account Name : RICARDO A. ROIG, P.A.

Account Number: 120020000054 Phone: (813)876-0088

Fax Number : (813)876-0088

LIMITED LIABILITY COMPANY

GENNESARET, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION OF GENNESARET, LLC

ARTICLE I NAME

The name of the Limited Liability Company is Gennesaret, LLC., effective this 19th day of April, 2005.

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 4725 North Hesperides Street, Tampa, Florida 33614.

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE, AND REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Ricardo A. Roig, P.A. 4023 North Armenia Avenue, Suite 400 Tampa, Florida 33607

ARTICLE VI **MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The initial Managers names and addresses are:

> Frank C. Bragano 4725 North Hesperides Street Tampa, Florida 33614

John Kristie 15 Barkers Point Road Sands Point, New York 11050

Signature of a member or 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.)

Ricardo A. Roig, authorized representative

(((H05000096253 3))) Typed or printed name of signee

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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 in Chapter 608, F.S.

Registered Agent's Signature