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Division of Corporations

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SIGNIDE CORPORATIO

Account Name : FOWLER, WHITE, BURNETT, ET AL Account Number : 071250001512

Phone : (305)789-9200 Fax Number : (305)789-9201

LIMITED LIABILITY COMPANY

MAB, LLC

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\$155.00

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ARTICLES OF ORGANIZATION

OF

MAB, LLC

ARTICLE I

The name of the limited liability company formed hereby is MAB, LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as

1395 Brickell Avenue, 14th Floor Miami, Florida 33131

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

John C. Strickroot, Esq. 1395 Brickell Avenue, 14th Floor Miami, Florida 33131 Audit No. H05000114246 3

ARTICLE V

The Limited Liability Company shall be member-managed.

John C. Strickroot,

as Authorized Representative of the Member

STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)
Before me personally appea Member, who is personally know	red John C. Strickroot, as Authorized Representative of the vn to me, or who produced
as identification, to be the	he person who executed the foregoing Articles of Organization.
In witness whereof I have her	reunto set my hand and official seal this 44 day iff
	TOTAL CONTRACTOR OF THE CONTRA
	ndeth Doolho
Judith D. Rodman Commission # DD 0578451 Reports Oct. 18, 2005 Hondel Thru Adaptic Booding Co. Ion.	Notary Public Print Name: JUDITH D. RODMAN My Commission expires: 10/18/2000

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CERTIFICATE OF DESIGNATION OF RESIDENT AGENT AND ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

- 1. The name of the limited liability company is MAB, LLC.
- 2. The name and address of the Registered Agent and Office is:

John C. Strickroot, Esq. 1395 Brickell Avenue, 14th Floor Mismi, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.

John Strickroot, Registered Agent

Date: Way 4 2005

MAB, LLC

ofin C. Strickroot,

as Authorized Representative

of the Member

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