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Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.
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LIMITED LIABILITY COMPANY

Tradition Merger LLC

Certificate of Status	0
Certified Copy	1
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N. Culligan JUN 20 2005

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 17, 2005

RUDEN MCCLOSKY

SUBJECT: TRADITION MERGER LLC
REF: W05000029926

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The Registered Agent page part of the name was missing.

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ARTICLES OF ORGANIZATION
OF
TRADITION MERGER LLC
a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME. The name of the Limited Liability Company is TRADITION MERGER LLC (the "Company").

2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address for the Company is: 1750 East Sunrise Blvd., Fort Lauderdale, Florida 33304.

3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: CT Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.

The undersigned has executed these Articles of Organization on the 16th day of June, 2005.

By:_____
Barry E. Somerstein, Esq., Authorized Representative

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CERTIFICATION 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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: TRADITION MERGER LLC.

2. The name and address of the registered agent and office is:

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

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 its 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.

Barbara A Burke
CT Corporation System, Registered Agent

6/16/05
Date

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

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