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From:

Account Name : USA CORPORATE SERVICES INC.

Account Number : I20000000220 Phone

: (800)891-7432

Fax Number

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## LIMITED LIABILITY COMPANY

MAGUIRE, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 03       |
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4. HODGES

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# ARTICLES OF ORGANIZATION OF

## MAGUIRE, LLC

Pursuant to section 608.407, Florida Statutes

- 1. The name of the Limited Liability company is: MAGUIRE, LLC
- 2. The mailing address and street address of the principal office of the Limited Liability Company is:

### 22755 SOUTH WEST 66TH AVE., BUILDING #6, APT 108 BOCA RATON, FL 33428

3. The name and address of the registered agent is as follows:

#### WILLIAM MAGUIRE 22755 SOUTH WEST 66TH AVE., BUILDING #6, APT 108 BOCA RATON, FL 33428

- 3. The period of duration for the Limited Liability Company shall be perpetual.
- 4. The Limited Liability Company is to be managed by members and the names and addresses of such members are as follows:

#### WILLIAM MAGUIRE 22755 SOUTH WEST 66TH AVE., BUILDING #6, APT 108 BOCA RATON, FL 33428

In Witness Whereof, in accordance with section 608.408(3), Florida Statutes, the execution of this document constitute an affirmation under the penalties of perjury that the facts stated herein are true this day 25th day of July 2005.

Frank Orlando

Authorized Representative

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## Acceptance of Appointment as Registered Agent

#### MAGUIRE, LLC

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 am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S

Dated: July 25, 2005

WILLIAM MAGUIRE Registered Agent

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