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(Requestor's Name)

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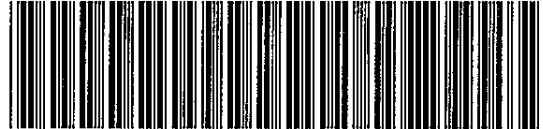
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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 542213 4723960

AUTHORIZATION :

*Patricia Piquero*

COST LIMIT : \$ 125.00

FILED  
05 AUG 16 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : August 15, 2005

ORDER TIME : 4:22 PM

ORDER NO. : 542213-005

CUSTOMER NO: 4723960

CUSTOMER: Cherylyn Waibel, Esq.  
Greenbaum, Rowe, Smith,  
Ravin, Davis & Himmel - Llp  
4th Floor  
99 Wood Avenue South  
Iselin, NJ 08830-2712

DOMESTIC FILING

NAME: MELISSA, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Denise Mick - EXT. 2950

EXAMINER'S INITIALS: \_\_\_\_\_

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05 AUG 16 AM 10:00  
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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Melissa, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

19443 Northwest 87th Street

Miami, FL 33018

**Mailing Address:**

19443 Northwest 87th Street

Miami, FL 33018

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FLORIDA 32301

City, State, and Zip

*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, Florida Statutes..*

Corporation Service Company

By: Carla Lohi

Registered Agent's Signature

**Carla Lohi**  
**Asst. Vice President**

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Alba Lucia Ocampo

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
Signature of a member or an 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.)

By: Cherylyn Waibel, Esq.  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)