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CT CORPORATION SYSTEM

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Division of Corporations

Florida Department of State
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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

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LIMITED LIABILITY COMPANY

AR ONE LLC

Certificate of Status	0
Certified Copy	1
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Oct-12-05 03:00pm From-

T-117 P.002/003 F-377

ARTICLES OF ORGANIZATION

OF

AR ONE LLC

ARTICLE I

The name of the limited liability company (hereinafter called the "Company") is **AR ONE LLC**.

ARTICLE II

The address of the principal office and the mailing address of the Company is 550 Biltmore Way, Suite 900, Coral Gables, Florida 33134.

ARTICLE III

The period of duration for the Company shall be perpetual.

ARTICLE IV

The name and the Florida street address of the registered agent and office of the Company are: Joan Burton Jensen, c/o Finser Corporation, 550 Biltmore Way, Suite 900, Coral Gables, Florida 33134.

Having been named as the 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, F.S.

Date: October 12, 2005


Joan Burton Jensen
(Registered Agent's Signature)

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OCT 12 2005
CLERK OF COURT
JANET A. G. 51

Oct-12-05 08:08pm From-

T-117 P.003/004 F-377

ARTICLE V

The Company is to be managed by one or more managers and is, therefore, a manager - managed company.

By: 

(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.)

Joan Burton Jensen, Authorized Representative of the Member

Typed or printed name of signee

FILING FEES:

\$125.00 Filing Fee for Articles of Organization

\$ 30.00 Certified Copy (OPTIONAL)

\$ 5.00 Certificate of Status (OPTIONAL)

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