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## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694 Fax Number: (305)633-9696

## LIMITED LIABILITY COMPANY

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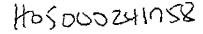
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DIVISION OF CORPORATION

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

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### ICON PLUS LLC

#### ARTICLE II - Address:

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

#### 9077 BOCA GARDENS CIRCLE SOUTH UNIT E BOCA RATON, FL 33496

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

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

MARK E. ROUSSO, ESQ.

1885) NE 29th Avenue, Suite 900 Aventura, FL 33180

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 pecept 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 familifir with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

istered Agent's Signature

ARTICLE IV - Management (Check box if applicable)

K\_\_\_ The Limited Liability Company is to be managed by the manager and is, therefore, a manager managed company.

#### The Manager is

**ELEONORA DON** 

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 penulties of perjury that the facts stated herein are true.)

#### **ELEONORA DON**

Typed or printed name of signee

405000 2M1758

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