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Florida Department of State  
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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

## LIMITED LIABILITY COMPANY

CTX, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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**Articles of Organization for**  
**CTX, LLC, a Florida Limited Liability Company**

**Article I- Name:**

The name of the Limited Liability Company is:

CTX, LLC

**Article II- Address:**

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

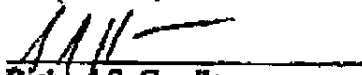
Dr. Allen Fishman  
13661 Deering Bay Drive  
Miami, Florida 33158

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

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

Richard S. Gendler, Esquire  
Richard S. Gendler & Associates, P.A.  
2828 Coral Way, Suite 304  
Miami, Florida 33145

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, F.S.

  
Richard S. Gendler

**Article IV- Manager(s) or Managing Member(s)**

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TALLAHASSEE, FLORIDA

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

Dr. Allen Fishman  
13661 Deering Bay Drive  
Miami, Florida 33158

Dr. Loel Fishman  
138 Segovia Way  
Jupiter, FL 33458  
Required Signature:



Managing 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.)

Dr. Allen Fishman

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