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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

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

STRUCTURAL SYNERGY, LLC

12/05/05

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: **Structural Synergy, LLC.**

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
407 Lincoln Road Suite 300 Miami Beach, FL, 33139	407 Lincoln Road Suite 300 Miami Beach, FL, 33139

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

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

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TALLAHASSEE, FLORIDA

Luis G. Brito
Name

407 Lincoln Road, Suite 300
Florida Street address (P.O. Box NOT acceptable)

Miami Beach, FL, 33139
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, F.S.

Registered Agent's Signature

ARTICLE IV - Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Luis G. Brito 407 Lincoln Road Suite 300 Miami Beach, FL, 33139
Managing Member	Kayur Patel 407 Lincoln Road Suite 300 Miami Beach, FL, 33139
Managing Member	Shailesh Thakor 407 Lincoln Road Suite 300 Miami Beach, FL, 33139
Managing Member	Emad A. Ismail 407 Lincoln Road Suite 300 Miami Beach, FL, 33139

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(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.)

Luis G Brito MGRM
Typed or Printed Name of Signee

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.)

Kayur Patel MGR
Typed or Printed Name of Signee

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.)

Emad A. Ismail MGR
Typed or Printed Name of Signee

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.)

Shailesh Thakor MGR
Typed or Printed Name of Signee

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