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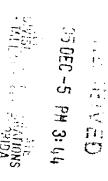
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CORP. NAME: TRICONY CFC, L.L.C.				
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() OTHER:				
STATE FEES PREPAID WITH CHECK# <u>5/52/7</u> FOR \$ <u>155.00</u>				
AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:				
	COST LIMIT: \$			
PLEASE RETURN:				
(XX) CERTIFIED COPY () CERTIFICATE OF GOOD STANDING () PLAIN STAMPED COPY () CERTIFICATE OF STATUS				

Examiner's Initials

ARTICLES OF ORGANIZATION OF TRICONY CFC, L.L.C.

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ARTICLE I - Name:

The name of the Limited Liability Company is TRICONY CFC, L.L.C. (the "Company").

ARTICLE II - Address:

The mailing address and street address of the principal office of the Company is 313% Worth Avenue, Suite B-1, Palm Beach, Florida 33480.

ARTICLE III - Registered Agent:

The street address of the initial registered office of the Company shall be 313½ Worth Avenue, Suite B-1, Palm Beach, Florida 33480, and the name of the initial registered agent of the Company at that address is Tricony Florida Corp.

ARTICLE IV - Purpose:

The business of the Company shall be to engage in any lawful act or activity permitted to a limited liability company under the laws of Florida.

ARTICLE V - Amendment:

These Articles of Organization may be altered, amended or repealed by the members of the Company in accordance with Florida law.

IN WITNESS WHEREOF, the undersigned, pursuant to laws of the State of Florida, has executed these Articles of Organization as of December 5, 2005.

Michael Torres, Authorized Representative of a Member

MIA 302022-1-052672-0022

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.

TRICONY FLORIDA CORP

Print Name:

Title: