

Dec. 6, 2005, 3:57 PM

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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:
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Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800)342-9856
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY
VIVENDI GROUP, LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VIVENDI GROUP, LLC

ARTICLE II - Address:

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

Principal Office Address:

20835 NE 31ST PLACE
AVENTURA, FLORIDA 33180

Mailing Address:

20835 NE 31st Place
Aventura, FL 33180

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

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

JAY POLLAK

Name

20835 NE 31ST PLACE

Florida street address (P.O. Box NOT acceptable)

AVENTURA, FLORIDA 33180 FL

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

(CONTINUED)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR

JAY POLLAK
20835 NE 31ST PLACE
AVENTURA, FLORIDA 33180

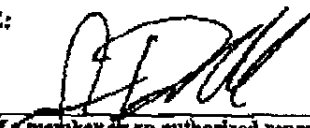
MGR

SCOTT ROSS
1825 MAIN STREET, SUITE 105
WESTON, FL 33326

(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.)

JAY POLLAK

Typed or printed name of signer

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