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ISAAC_MATZ CPA

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Division of Corporations

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To:

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

From:

Account Name : ISAAC MATZ P.A., C.P.A.
Account Number : I20040000029
Phone : (305)573-6640
Fax Number : (305)675-6200

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

ELFOR LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
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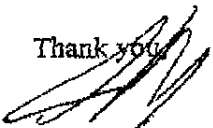
Re: **ELFOR LLC**

To Whom It May Concern:

Please be advised that the ownership of ELFOR LLC is the same as the ownership of ELFOR CORP.

As subscriber to the attached Articles of Organization, I have been authorized by the directors of ELFOR CORP. to use the same name to form a new entity named ELFOR LLC.

Thank you,


Jay L Borsky

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TALLAHASSEE, FLORIDA

Prepared By:
Isaac Matz, P.A., C.P.A.
2742 Biscayne Blvd.
Miami, FL 33137
Phone: (305) 573-6640
Fax: (305) 675-6200

FAX AUDIT NUMBER: H050002861403

FAX AUDIT NUMBER: 4050002861403**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

ELFOR LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:**Mailing Address:**20858 NE 32 AVE
AVENTURA FL 3318020858 NE 32 AVE
AVENTURA FL 33180**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JAY L BORSKY

Name

2742 BISCAYNE BLVDFlorida street address (P.O. Box NOT acceptable)MIAMIFL 33137

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 (REQUIRED)

(CONTINUED)

Prepared By:
Isaac Matz, P.A., C.P.A.
2742 Biscayne Blvd.
Miami, FL 33137
Tel: (305) 573-8640
Fax: (305) 675-8200

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FAX AUDIT NUMBER: 4050002861403**ARTICLE IV- Manager(s) or Managing Member(s):**

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMHADIDA, ELIAS20858 NE 32 AVEAVENTURA FL 33180MGRMBENZAQUEN, FORTUNA20858 NE 32 AVEAVENTURA FL 33180

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12-15-05

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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 L BORSKY

Typed or printed name of signer

Prepared By:
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