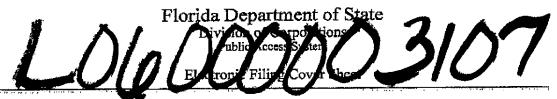
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000005999 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BELIZE 2004, LLC

Certificate of Status	1
Certified Copy	Q Q
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Estimated Charge	\$130.00

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SECRETARY OF SIENT ON OF CORPORATION

DB

(((H06000005999 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
BELIZE 2004, LLC (Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pro-	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
239 East Virginia Street	P.O. Box 0991
Tallahassee, FL 32301	Monroe Township, NJ 08831
The name and the Florida street address of the r W. Bradley Monroe Name	
239 East Virginia Stree	3t
Florida street ad	dress (P.O. Box NOT acceptable) FL 32301 and Zip
Tallahassee	FL 32301 S OC
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as the complexity. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2 (((H06000005999 3)))

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

MGR	Patricia Saltan	
	P.O. Box 0991	
	Monroe Township, NJ 08831	
		20
		2005 JAN
		— <u> </u>
		<u> </u>
	-	22
(Use attachment if necessary)		25

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.)

Robert Worthington, Authorized Representative
Typed or printed name of signee

Filing Fees;

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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