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Division of Corporations

CAMNER, LIPSITZ AND POLLER

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

From:

Account Name : CAMNER, LIPSITZ AND POLLER, PROFESSIONAL ASSOCIATION  
Account Number : 075410001634  
Phone : (305) 442-4994  
Fax Number : (305) 442-2389

FLORIDA/FOREIGN LIMITED LIABILITY CO.

EOI, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
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**ARTICLES OF ORGANIZATION  
OF  
EOI, LLC**

The undersigned hereby forms a limited liability company under the Florida Limited Liability Company Act and adopt as the Articles of Organization of such limited liability company the following:

- I. The name of the limited liability company:

**EOI, LLC (the "Company")**

- II. The period of its duration:

Perpetual effective from the date of filing of these Articles of Organization with the Secretary of State of the State of Florida.

- III. The purpose for which the limited liability company is organized:

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

- IV. A. The mailing address of the principal place of business in Florida:

550 Biltmore Way, Suite 700  
Coral Gables, FL 33134

- B. The name and address of the Company's initial Registered Agent is:

Neale J. Poller  
550 Biltmore Way - Suite 700  
Coral Gables, Florida 33134

- V. The total amount of cash contributed is:

\$ 500.00

VI. Additional contributions shall be made at such times and in such amounts as may be unanimously agreed by the Members as provided in the Operating Agreement of the Company.

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VII. Additional Members may be admitted at such times and on such terms and conditions as the Members may agree and as provided in the Operating Agreement of the Company.

VIII. The Company shall continue its business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or occurrence of any other event which terminates the continued membership of a Member in the Company.

IX. Management of the Company is reserved to the Members. The names and addresses of the Members and their respective Percentage of Interest of each Member are:

<u>Member</u>	<u>Address</u>	<u>Percentage of Interest</u>
Benjamin L. Sparks	28450 SW 212 Avenue Homestead, FL 33030	50%
Winsome Sparks	28450 SW 212 Avenue Homestead, FL 33030	50%

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Dated: January 23, 2006

The undersigned, a member of the Company, for the purpose of forming a liability company to do business within the State of Florida, does make and file these Articles of Organization, hereby declaring and certifying that the facts stated above are true and correct.

  
Benjamin L. Sparks

The undersigned hereby accepts the foregoing designation as initial Registered Agent, is familiar with, accepts and agrees to comply with the provision of law applicable to such designation.

  
Neale J. Poller

Audit No. H06000018957 3

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this 24<sup>th</sup> day of January, 2006 by Benjamin L. Sparks. He is personally known to me or has produced as identification.

My Commission Expires:

MARILEE L. MILLS  
MY COMMISSION # 00486981  
EXPIRES: March 9, 2008  
Bonded Thru Budget Notary Services

Marilee L. Mills  
Notary Public  
Print Name: MARILEE L. MILLS  
Commission No. \_\_\_\_\_

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