

# L06000041709

Florida Department of State  
Division of Corporations  
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**To:**

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

**From:**

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

nife 2006, l.l.c.

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name of Limited Liability Company:

NIFE 2006, L.L.C.

## ARTICLE II: Mailing Address &amp; Street Address of Limited Liability Company:

Address: 1001 Brickell Bay Drive, Suite 1400  
 City, State, & Zip: Miami, Florida 33131

## ARTICLE III - Registered Agent's Name, Office Address, &amp; Registered Agent's Signature:

BORIS ROSEN

Name

1001 BRICKELL BAY DRIVE, SUITE 1400

Address (P.O. Box NOT Acceptable)

Miami, Florida 33131

City, State, Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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

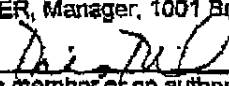
4-20-06

Date

## Article IV - Management (Check Box if applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company. Specify name and address (es).

1. FRANK H. MULLER, Manager, 1001 Brickell Bay Drive Suite, 1400, Miami, Florida 33131
2. BRIGITTE J. RICK DE MULLER, Manager, 1001 Brickell Bay Drive Suite, 1400, Miami, Florida 33131

  
 Signature of a member of 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.

BORIS ROSEN, Authorized representative of a member

Typed or printed name of signer

 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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