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ARTICLES OF ORGANIZATION OF MABRAU, LLC

hat: The undersigned, being authorized to execute and file these Articles, hereby certifies had

ARTICLE I — Name

The name of the Limited Liability Company is: MABRAU, LLC.

ARTICLE II — Address

The mailing address and address of the principal office of the Limited Liability Company is: P.O. Box 452333, Kissimmee, Florida 34745.

Article III — Registered Agent, Registered Office

The name and the street address of the initial registered agent are: Donna L. Draves, Esq., 120 East Concord Street, Orlando, Florida 32801.

Article IV — Management

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the initial managers of the company are: Jean Augusma, P.O. Box 452333, Kissimmee, Florida 34745.

Article V — Additional Provisions

Any Operating Agreement (as defined in Section 608.402(24) of the "Florida Limited Liability Company Act") relating to this Limited Liability Company must be in writing and signed by all of the members.

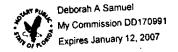
IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledge them to be my act this 18th day of May, 2006.

Member

STATE OF FLORIDA COUNTY OF ORANGE

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Jean R. Augusma to me known to be the person described in, who presented FL DL A226-476-54-378-0 and who executed the foregoing Articles of Organization and he acknowledged before me that he executed the same.

WITNESS my hand and official seal this 18th day of May, 2006.



TOTARY PUBLIC, STATE OF FLORIDA

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated Limited Liability Company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

REGISTERED AGENT:

DONNA L. DRAVES, ÉSQ

STATE OF FLORIDA COUNTY OF ORANGE

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Donna L. Draves to me known to be the person described in and who executed the foregoing Designation and Acceptance and she acknowledged before me that she executed the same.

WITNESS my hand and official seal this 18th day of May, 2006.

Deborah A Samuel

My Commission DD170991

Expires January 12, 2007