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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

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Account Name

: JOSEPH M. BALOCCO, P.A.

Account Number: I20000000147 Phone

: (954)764-0005

Fax Number

: (954)764-1478

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LORIDA/FOREIGN LIMITED LIABILITY CO.

Best Prospect, LLC

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ARTICLES OF ORGANIZATION OF BEST PROSPECT, LLC

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ARTICLE I - NAME:

SECRETARY OF STATE TALLAHASSEE. FLORIDA

The name of the Limited Liability Company is: Best Prospect, LLC

ARTICLE II - ADDRESS:

The mailing address and the street address of the principal office of the Limited Liability Company is 3511 N.E. 22nd Avenue, Suite 350, Fort Lauderdale, Florida 33308

ARTICLE III - DURATION:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV- MANAGEMENT:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Name <u>Address</u>

Arvid Albanese 3511 N.E. 22nd Avenue, Suite 350

Fort Lauderdale, Florida 33308

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be conditioned upon the unanimous consent of the members.

ARTICLE VI - MEMBERS' RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be conditioned upon the unanimous consent of the remaining members.

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Joseph M. Balocco

Typed or printed name of signee

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IN WITNESS-WHEREOF, I have sign acknowledged them to be my act this 19 day of	ed these Ar	ticles of	Papization Leone D	and
Signature of a member or an authorized representative of a member	- -	SECRET	. I A A IO: TARY OF STAT	TE
(In accordance with section 608.408(3), Florida constitutes an affirmation under the penalties of true.)	i Statutes, the force of the fo	IALLAHA e execution the facts t	SSEE, FLOR n of this affi stated hereir	IDA davit 1 are

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

Best Prospect, LLC

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

Joseph M. Balocco 1323 SE 3rd Avenue Fort Lauderdale, Florida 33316

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.

Signature - Registered Agent

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