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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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ARTICLES OF ORGANIZATION

FOR

CAPELLI, L.L.C.

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is CAPELLI, L.L.C.

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is 715 South Howard Ave., Tampa, FL 33606

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Dominic Baccarella, Baccarella & Baccarella, P.A., 4144 N. Armenia Ave., #220, Tampa, FL 33607

ARTICLE IV: MANAGERS

The name and address of the initial Manager of the company is:

Laura B. Stavrakis, Manager, 2911 W. San Nicholas St., Tampa, FL 33629

The undersigned has executed these Articles of Organization this 27th day of September 2006.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"

Authorized Representative

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608,415, Florida Statutes, the mentioned company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the company is:

2. The name and address of the registered agent and office is:

3. The name and address of the registered agent and office is:

4. The name and address of the registered agent and office is:

4. The name and address of the registered agent and office is:

4. The name and address of the registered agent and office is:

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.