Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

Account Name : CORPORATION SERVICE COMPANY

Account Number : Phone

I20000000195 (850) 521-1000

Fax Number

: (850)558-1575

FLORIDA/FOREIGN LIMIT

990 BUILDING LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR ... 890 BUILDING LLC. A FLORIDA LIMITED LIABILITY COMPANY

ARTICLED HNAME:

The name of the Limited Liability Company is:

990 BUILDING LLC, a Floride limited liability company

ARTICLE HADDRESS:

The Making Address of the principal office of the Limited Liability Company is:

Address: 6255 Bird Road, Mlami, Florida 33155

ARTICLE BLTERM:

The period of duration of the Limited Liability Company is:

Pemetual

ARTICLE IV-MANAGEMENT:

Until further notice, the Limited Liability Company is to be managed by a manager and said manager is as follows:

Rosanne Wright

Address: 8255 Bird Road, Mamil, Florida 33155

ARTICLE V-ADMISSION OF ADDITIONAL MEMBERS:

The entire membership of the Limited Liability Company shall be composed of Members. The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

New members may be admitted upon the approval by all of the then existing members of the Limited Liability Company.

SECRETARY OF STATE

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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, exputation, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Liability Company shall be:

The remaining members may continue operating the business provided that the occurrence of any of the foregoing event shall not result in the admission of a replacement member (such as in the event of judicial or administrative proceeding) that is not acceptable to the remaining members.

MANAGER:

Name: Rosaune Wilght Date: Orline: 18: 2000 SECRETARY OF STATE

· By:

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 608.415 or 608.607, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

ATRIUM REGISTERED AGENTS; INC., a Florida corporation

2. The name and street eddress of the registered egent are:

Name: ATRIUM REGISTERED AGENTS, INC. Address: 1500 San Remo Avenue, Suite 125, Coral Gables, Florida 33146

Having been remed as registered agent and to accept services of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointmed as registered agent and agree to ect 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.

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