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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : THE FLORIDA COMPANY

Account Number : I20060000001 Phone : (608)827-5300 Fax Number : (608)824-0405

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ORIDA/FOREIGN LIMITED LIABILITY CO.

Pyramids Plus, LLC

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ARTICLES OF ORGANIZATION OF Pyramids Plus, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Pyramids Plus, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 2603 Lowell Circle, Melbourne, Florida 32935.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Elizabeth Tawfik, 2603 Lowell Circle, Melbourne, Florida 32935.

The Florida Incorporating Company, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, The Florida Incorporating Company, 8025 Excelsior Dr., Suite

200, Madison, WI 53717

(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Pyramids Plus, LLC

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

stated company at the place designated in this certificate, I hereby accept the appointment of the place designated in this certificate, I hereby accept the appointment of the place designated in this capacity. I further agree to comply with the appointment of the proper and complete performance of my duties, which is and I am familiar with and accept the obligations of my position as registered agent.

Signature: / 4

Mark Schiff AVP

Date: November 22, 2006