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FLORIDA/FOREIGN LIMITED LIABILITY CO.

GAIUS ACQUISITIONS LLC

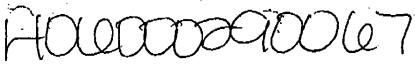
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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY GAIUS ACQUISITIONS LLC, A FLORIDA LIMITED LIABILITY COMPANY

#### <u>ARTICLE I</u>

The name of the limited liability company shall be GAIUS ACQUISITIONS LLC, a Florida Limited Liability Company

#### **ARTICLE II**

The principal place of business and mailing address of the corporation shall be:

14395 SW 139 Court Suite 101 Miami, Florida 33116

#### ARTICLE III

This limited liability company shall commence its existence immediately upon the filing of the Articles of Organization and shall perpetually thereafter be in existence unless sooner dissolved by and in accordance with Florida law,

The name and address of the initial registered agent is:

GILBERT A. CONTRERAS ESQ. 4000 PONCE DE LEON BLVD. **SUITE 400 CORAL GABLES FLORIDA 33146** 

#### ARTICLE V

The limited liability company is to be managed by a managing member.

<sup>2nd</sup> day of March, 2006. The undersigned has executed these Articles of Organization on the

GILBERT A. CONTRERAS

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Florida Statutes, the undersigned limited liability 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.

First that, GAIUS ACQUISITIONS, LLC desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization, has named GILBERT A. CONTRERAS, whose address is 4000 PONCE DE LEON BLVD. SUITE 400 CORAL GABLES FLORIDA 33146, as its agent to accept service of process within this State.

PROCESS FOR THE ABOVE-STATED CORPORATION 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

J