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Florida Department of State
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To:
 Division of Corporations
 Fax Number : (850)205-0383

From:
 Account Name : TRIAD PROFESSIONAL SERVICES, LLC
 Account Number : I20020000094
 Phone : (770)777-2091
 Fax Number : (770)220-1943

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

VILO & Associates, LLC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION
OF
VILO & Associates, LLC
(A Florida Limited Liability Company)

ARTICLE I

NAME

The name of the Limited Liability Company is VILO & Associates, LLC.

ARTICLE II

ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

401 East Las Olas Blvd., Suite 2000
Fort Lauderdale, Florida 33301

ARTICLE III
MANAGEMENT

The Limited Liability Company is to be managed by its managers and is, therefore, manager-managed company.


ARTICLE IV
INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Limited Liability Company's initial registered agent is:

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
Weston, Florida 33331

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 12th day of January, 2007.

AUTHORIZED REPRESENTATIVE:


Bernard Grondin

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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TALLAHASSEE, FLORIDA

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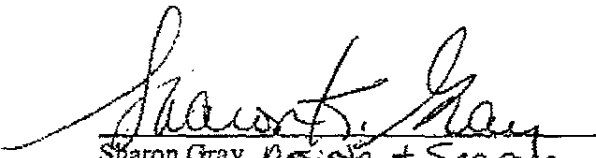
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**CERTIFICATE OF ACCEPTANCE BY
REGISTERED AGENT**

Pursuant to the provisions of the Florida Limited Liability Company Act, the undersigned submits the following statement in accepting the designation as registered agent of VILO & Associates, LLC, a Florida Limited Liability Company (the "Company"), in the Company's Articles of Organization:

Having been named as registered agent and to accept service of process for the Company at the registered office designated in the Company's Articles of Organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent.

IN WITNESS WHEREOF, the undersigned has executed this Certificate this 12th day of January, 2007.


Sharon Gray, Assistant Secretary2007 JAN 12 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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