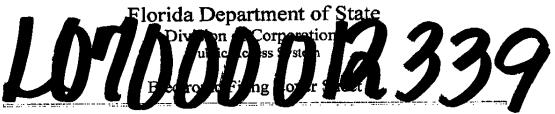
Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone

: (800)494-3124 : (305)675-2811

Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY C

FREEDOM HEART VENTURES, LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

FREEDOM HEART VENTURES, LLC

ARTICLE II ADDRESS

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

2825 PALM BEACH BLVD, #401

FORT MYERS FL 33916

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:

BARBARA C DECKER 2825 PALM BEACH BLVD, #401 FORT MYERS FL 33916

Having been named as registered agent to accept service of process for the above stated limited liability 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 as provided for in Chapter 608, F.S.

Barbara C Doctor

BARBARA C DECKER / Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a member-managed company.

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PAGE 2 FREEDOM HEART VENTURES, LLC

ARTICLE V MEMBERS (optional)

MANAGING MEMBER: BARBARA C DECKER 2825 PALM BEACH BLVD, #401 FORT MYERS FL 33916

Signature of a member or an authorized representative of a member.

っ(In accordance with section 608.408(3), Florida Statutes, the execution of this かんしょうかい document constitutes an affirmation under the penalties of perjury that the facts which is stated herein are true. stated herein are true.

BARBARA C DECKER Typed or printed name of signee

