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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P. Account Number : 07607700553

Account Number : 076077000521

: (954)527-2428 Phone

: (954)333-4001 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SST Venture, LLC

07 MAR 15 AM 11: 38

Certificate of Status

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ARTICLES OF ORGANIZATION **OF** SST VENTURE, LLC a Florida limited liability company

9547644996

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida does set forth the following:

- NAME. The name of the limited liability company is SST VENTURE, LLC (the 1. The Deliver "Company").
- MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: 4785 Tree Fern Drive, Delray Beach, 236 September 1987. Florida 33445. Florida 33445.
- REGISTERED AGENT. The name and address of the initial registered agent in the 3. State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization are: NRAI Services, Inc., 2731 Executive Park Drive, Suite 4, Weston, Florida 33331.

The undersigned has executed these Articles of Organization on the 15^{-12} day of March, 2007.

SST VENTURE, LLC

Dinah Stephenson, Authorized Representative

FTL:2119604:1

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CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

- 1. The name of the limited liability company is: SST Venture, LLC.
- 2. The name and address of the registered agent and office are:

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

Having been named as registered agent and 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 its 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.

NRAI Services, Inc., Registered Agent

(Date)

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