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Division of Co				
SUBJECT: SBE H	Holdings, LLC			
	(Name of Limited	d Liability Company)		
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Philip L. S	Schwartz, Esquire	Name of Person)		
Law Offic	es Of P.L. Schwa	artz, P.A. Firm/Company)		
2000 Glades Road, Suite 208				
(Address)				
Boca Raton, FL 33431				
(City/State and Zip Code)				
For further information	concerning this matter, please	call:		
Philip L. Schwartz, Esquire		at (561) 391-99	43	
(Name of Person) (Area Code & Daytime Telephone Number)			elephone Number)	
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	✓ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
SBE Holdings, LLC Must end with the words "Limited Liability Company. "Limited	d Company" or their abbreviation "LLt;" or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7197 San Salvador Drive	7197 San Salvador Drive
Boca Raton, FL 33433	Boca Raton, FL 33433
	egistered agent are: Vartz, P.A. Press (P.O. Box NOT acceptable)
Boca Raton City, State, a	FL 33431
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member Christine A. Worsdale MGRM 7197 San Salvador Drive Boca Raton, FL 33433 Devora Goldwasser MGRM 21 Cedar Avenue Locust Valley, NY 11560 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: April 6, 2007 _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business Bays prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

that the facts stated herein are true.)

Philip L. Schwartz, Esquire

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of per ury

Typed or printed name of signee