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Division of Corporations

Page 1 of 1

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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : STILES CORPORATION  
Account Number : 1200200000020  
Phone : (954) 627-9156  
Fax Number : (954) 627-9037

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

SILEST, LLC

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Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

Help

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H07000152057 3

**ARTICLES OF ORGANIZATION  
OF  
SILEST, LLC**

Pursuant to section 608.407, Florida Statutes, the undersigned hereby files these Articles of Organization as follows:

**ARTICLE I - NAME**

The name of the Limited Liability Company is Silest, LLC.

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is c/o Stiles Corporation, 300 S.E. 2<sup>nd</sup> Street, Ft. Lauderdale, Florida 33301  
Attn: Patricia Jones.

**ARTICLE III - DURATION**

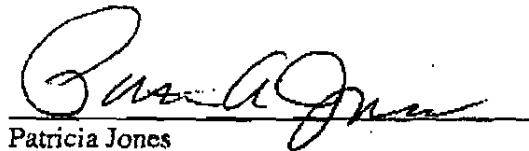
The period of duration for the Limited Liability Company is perpetual.

**ARTICLE IV - MANAGER(S) OR MANAGING MEMBER (S)**

The name and address of each Manager or Manager Member is as follows:

Egret Investments Limited Partnership      MGMRM 300 S.E. 2<sup>nd</sup> Street  
Fort Lauderdale, FL 33301

IN WITNESS WHEREOF, the undersigned authorized representative has hereunto set her hand and seal this 7th day of June, 2007.



Patricia Jones  
Authorized Representative

H07000152057 3

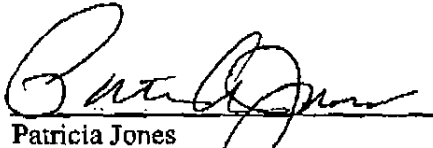
H07000152057 3

**CERTIFICATE DESIGNATING REGISTERED AGENT  
AND REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement in designating the registered office/registered agent:

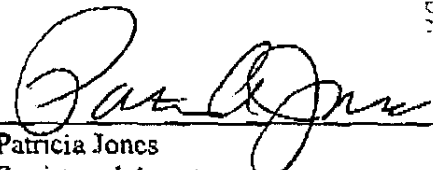
Silest, LLC, desiring to organize as a limited liability company under the laws of the State of Florida, has designated c/o Stiles Corporation, 300 S.E. 2<sup>nd</sup> Street, Ft. Lauderdale, Florida 33301, as its initial Registered Office and has named Patricia Jones, located at said address as its initial Registered Agent.

By:

  
Patricia Jones  
Authorized Representative

Having been named Registered Agent for the above stated limited liability company, at the designated Registered Office; the undersigned hereby accepts said appointment 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 the undersigned's duties, and the undersigned is familiar with and accepts the obligations of the undersigned's position as registered agent.

By:

  
Patricia Jones  
Registered Agent

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FLORIDA

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