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

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

the nd2 group, llc

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION

FOR

THE ND2 GROUP, LLC

ARTICLE 1. - NAME:

The name of this Limited Liability Company ("Company") shall be:

THE ND2 GROUP, LLC

ARTICLE 2. - ADDRESS

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

2508 Sunset Way, St. Pete Beach, Florida 33706.

ARTICLE 3. - MANAGEMENT

The Company is to be managed by: a manager or managers and the name(s) and address of such manager(s) is:

Nils Diaz
2508 Sunset Way
St. Pete Beach, Florida 33706



Signature of authorized representative of a member.

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

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MOA 1784022271V1 12/5/2008

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

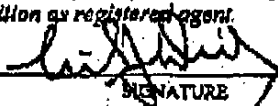
PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the limited liability company is: **THE ND2 GROUP, LLC.**
2. The name and the Florida street address of the registered agent are:

NILS DIAZ
NAME

2508 Sunset Way
St. Pete Beach, Florida 33706
Florida street address (P.O. BOX NOT ACCEPTABLE)

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 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.


SIGNATURE

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