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Division of Corporations

Fax Number : (850) 617-6383

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LI

Account Number: 075350000132

Phone : (305)374-7580

Fax Number

: (305)351-2122

LORIDA/FOREIGN LIMITED LIABILITY

B-SMITH HIALEAH, LLC

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ARTICLES OF ORGANIZATION OF B-SMITH HIALEAH, LLC a Florida Limited Liability Company

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 do set forth the following:

- 1. NAME. The name of the Limited Liability Company is B-SMITH HIALEAH, LLC (the "Company").
- 2. <u>MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE</u>. The mailing address for the Company is: 3200 Meridian Parkway, Weston, Florida 33331.
- 3. <u>REGISTERED AGENT</u>. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: c/o BARRY M. SMITH at 3200 Meridian Parkway, Weston, Florida 33331.

The undersigned has executed these Articles of Organization on the 13 day of

November , 2007.

r: | Off MMV | - SMITH, Authorized Representative

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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: B-SMITH HIALEAH, LLC.
- The name and address of the registered agent and office is:

BARRY M. SMITH 3200 Meridian Parkway Weston, Florida 333319

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 opligations of my position as registered agent.

BARRYM. SMITH Registered Agent

Data

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SECRETARY OF STATE
TALLAHASSEE, FI ORIGA