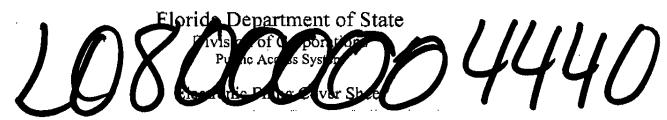
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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

BELLANT LLC

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ARTICLES OF ORGANIZATION OF Bellant LLC

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

ARTICLE I NAME

The name of this limited liability company is: Bellant, LLC

ARTICLE II PRINCIPAL OFFICE/MAILING ADDRESS

The principal office and mailing address of this limited liability company is:

1511 SW 68th Avenue North Lauderdale, FL 33068

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Eunice Bellan 1511 SW 68th Avenue North Lauderdale, FL 33068

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 as provided for in Chapter 608, F.S.

Eunice Bellan, Registered Agent

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ARTICLE IV MANAGEMENT

The limited liability company is to be managed by its members and is, therefore, a member-managed company. The name and address of each Manager or Managing Member is as Pollows:

Eunice Bellan 1511 SW 68th Avenuc North Lauderdale, FL 33068 Manager

Eunice Bellan

Authorized Representative of the Member (In accordance with Section 608.408(3), Florida Seatures, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

OB JAN I PM 3: 72
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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