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Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Northern Nights, LLC**

Certificate of Status	0
Certified Copy	1
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FAX AUDIT # **H08000120380 3**

**ARTICLES OF ORGANIZATION  
OF  
Northern Nights, LLC**

**ARTICLE I            NAME**

The name of the limited liability company shall be: **Northern Nights, LLC**

**ARTICLE II            PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be:  
12390 NW 30th Street, Sunrise, Florida 33323.

**ARTICLE III            INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Business Filings Incorporated,  
Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of  
Leon.

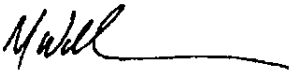
**ARTICLE IV            DURATION**

The duration for the limited liability company shall be: 12/31/2048.

**ARTICLE V            MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Members and the names and  
addresses of the members of the Limited Liability Company are:

Wendy Clink, 12390 NW 30th Street, Sunrise, Florida 33323  
Jack Aumann, 12390 NW 30th Street, Sunrise, Florida 33323



Date: May 2, 2008

Business Filings Incorporated, Organizer  
Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,  
WI 53717  
(608) 827-5300

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Northern Nights, LLC**

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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: \_\_\_\_\_

*Mark Williams, A.V.P. Business Filings Incorporated*

Date: May 2, 2008

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