

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PROSKAUER ROSE LLP

Account Number : 074673001063 Phone : (561)995-4704 Fax Number : (561)988-1211

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Light Cure, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 01 |
| Estimated Charge | \$160.00 |

J. BRYAN

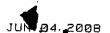
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EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Light Cure, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 214 South Ocean Blvd., Manalapan, Florida 33462

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Mr. Gary Kosinski 214 South Ocean Blvd. Manalapan, Florida 33462

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 or registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature

Signature of a member or an authorized representative of a member.

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

Gary Kosinski
Typed or printed name of signee

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