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Division of Corporations

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From:
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Account Number : I20050008030
Phone : (305) 865-1923
Fax Number : (305) 865-3434

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FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Gabb Enterprises, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION

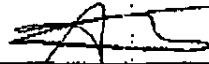
OF

**Gabb Enterprises, 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: GABB ENTERPRISES, LLC (the "Company").
2. Mailing and Street Address of Principal Office. The mailing and street address for the Company is: 12841 S. Calusa Club Drive, Miami, Florida 33186.
3. Registered Agent. 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: Robert Sakowitz, 12841 S. Calusa Club Drive, Miami, Florida 33186

The undersigned has executed these Articles of Organization on the 1st day of July, 2008.

By: 

Robert Sakowitz, 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: GABB ENTERPRISES, LLC.
2. The name and address of the registered agent and office is:

Robert Sakowitz
12841 S. Calusa Club Drive
Miami, Florida 33186

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 obligations of my position as registered agent.


Robert Sakowitz, Registered Agent


(Date)

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