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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone

: (800)342-9856

Fax Number

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DRIDA/FOREIGN LIMITED LIABILITY CO.

PROFESSIONAL AFFILIATES LLC

Certificate of Status	0
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SEP 16 2008

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

PROFESSIONAL AFFILIATES LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:	Mailing Address:	
4400 NORTH FEDERAL HIGHWAY		
SUITE 210-30	100 MERRICK ROAD, SUITE 206 W	
BOCA RATON, FL 33431	ROCKVILLE CENTRE, NY 11570	
The Limited Liability Company cannot serve as its to business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual worth of the Company of	
The Limited Liability Company cannot serve as its of business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual and south of the registered agent are:	
The Limited Liability Company cannot serve as its to business entity with an active Florida registration.)	own Registered Agent. You must designate an individual acceptance of the registered agent are:	
The Limited Liability Company cannot serve as its of business entity with an active Florida registration.) The name and the Florida street address CYNTHIA SILV	own Registered Agent. You must designate an individual section of the registered agent are: VERMAN	
The Limited Liability Company cannot serve as its of business entity with an active Florida registration.) The name and the Florida street address CYNTHIA SILV 4400 NORTH FED	own Registered Agent. You must designate an individual according to the Second	

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..

City, State, and Zip

(CONTINUED) Page 1 of 2

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(HO8000 2147AM93)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	CYNTHIA SILVERMAN
	4400 NORTH FEDERAL HIGHWAY, SUITE 210-30
	BOCA RATON, FL 33431
	
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	SE 200
	CC Se
	XE SE
(Use attachment if necessary)	Tr. ►
	SH P
LE V: Effective date, if other than th	ne date of filing:OPPOI

REQUIRED SIGNATURE:

Signature of a mainter or an abihorized representative of a member.

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

CYNTHIA SILVERMAN

Typed or printed name of signee

(HOSOWO 2149093)