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To: Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

KABS GOODWILL LLC

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H-08 000210261-3

**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY
COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

KABS GOODWILL LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

2806 EAST BEARSS AVE

TAMPA, FLORIDA 33613

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

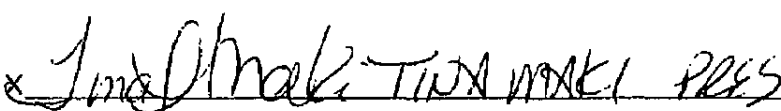
The name and the Florida street address of the registered agent are:

A1A REGISTERED AGENT INC.

5647 110TH AVENUE NORTH

ROYAL PALM BEACH, FL 33411

Having been named as registered agent 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..

A handwritten signature in black ink, appearing to read "Tina Marki".

9/18/08

A1A REGISTERED AGENT INC. / Registered Agent's signature

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PAGE 2

KABS GOODWILL LLC

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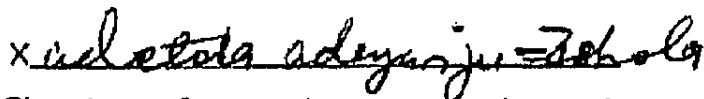
ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

ARTICLE V MEMBERS (optional)

MANAGER:

ADETOLA ADEYANJU - ISHOLA
10109 VISTA POINTE DR
TAMPA, FLORIDA 33635



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.

ADETOLA ADEYANJU - ISHOLA

Typed or printed name of signee