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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA,

Account Number: 076624003440

: (305)444-6226

Fax Number

; (305)442-4829

FLORIDA/FOREIGN LIMITED LIABILITY CO.

TRANSFORMATION N.B., LLC

Certificate of Status	. 1
Certified Copy	0
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION

<u>OF</u>

TRANSFORMATION N.B., LLC

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I NAME

The name of this Limited Liability Company is: TRANSFORMATION N.B., LLC

ARTICLE II GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV ADDRESS

The principal office of this Limited Liability Company in the State of Florida is 1155 BRICKELL BAY DRIVE, #1008, MIAMI FL 33131. The mailing address of this Limited Liability Company in the State of Florida is P.O. BOX 310849, Miami, Florida 33231. The Board of Managers may from time to time move the principal office or the mailing address to another address in Florida.

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ARTICLE V REGISTERED OFFICE, REGISTERED AGENT

That TRANSFORMATION N.B., LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA, P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

ARTICLE VI MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The initial manager shall be:

JOSE A. PRADO of PO BOX 310849, MIAMI, FL 33231

WITNESS the hand and scal of the manager in Miami-Dade County, State of Florida, this day of November, 2008. STATE OF FLORIDA COUNTY OF MIAMI-DADE PRADO. PERSONALLY appeared JOSE as identification or is personally known to me, who being by md first duly swdrn, acknowledges that he signed the same for the purposes therein expressed. WITNESS my hand and seal at Miami-Dade County, Florida this day of November, 2008. NOTARY PUBLIC STATE OF FLORIDA Laura Kohn Commission # DD770888 Expires: MAY 16, 2012
BONDED THRU ATLANTIC BONDING CO., INC. AT LARGE

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My commission expires:

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That TRANSFORMATION N.B., LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, designates JOSE A. PRADO, as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

REGISTERED AGENT

ADELAIDA FERNANDEZ-F Managing Director

Arazoza & Fernandez-Fraga, P.A.

Date: November 17th, 2008.

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