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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: PERLMAN YEVOLI AND ALBRIGHT PL

Account Number : I20040000167

Phone : (954) 566-7117

Fax Number

: (954)566-7115

FLORIDA/FOREIGN LIMITED LIABILITY CO.

PEB 26

MIFE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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C. LEWIS

FEB 2 7 2009

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RX Date/Time

02/26/2009

11:29

No. 6148 P. 2

- Feb. 26. 2009 12:50PM

EB 26 M O.

February 20, 2009

Division of Corporations Attn: Carolyn Lewis P.O. Box 6327 Tallahassee, FL 32314

Re: Document number L07000066876

Dear Ms. Lewis:

Please accept this letter as a release of the name MIFE, LLC for use as we have no intention of reinstating. Enclosed is the new filing for MIFE, LLC.

Şincerely,

Paul Anton

Enclosures

FILED

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2009 FEB 26 AM 8: 19

ARTICLES OF ORGANIZATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OF

MIFE, LLC

The undersigned, in forming a Florida limited liability company ("Company") under the Florida Limited Liability Company Act, Chapter 608 of the Florida Statutes, hereby adopts the following Articles of Organization of the Company.

ARTICLE I - Name

The name of the company is MIFE, LLC, a Florida limited liability company (the "Company").

ARTICLE II - Address

The mailing address and street address of the principal office of the Company is 60 Cuttermill Road, Suite 509, Great Neck, New York, 11021.

ARTICLE III - Initial Registered Office and Agent

The name of the initial registered agent of the Company and the street address of the registered office of this Company is Perlman, Yevoli & Albright, P.L., 200 South Andrews Avenue, Suite 600, Ft. Lauderdale, Florida 33301.

ARTICLE IV - Initial Manager

The initial managing member of the Company is

Paul Anton 60 Cuttermill Road, Suite 509 Great Neck, New York, 11021.

IN WITNESS WHEREOF, I have hereunto affixed my hand, as an authorized representative of this limited liability company on the 27 day of February, 2009.

MIFE, LLC, a Florida limited liability company

Marc Kleiner, as authorized representative

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SECRETARY UF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, 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:

MIFE, LLC, a Florida limited liability company.

2) The name and address of the registered agent and office is:

Perlman, Yevoli & Albright, P.L. 200 South Andrews Avenue Suite 600 Ft. Lauderdale, Florida 33301

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 designation 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.

Perlman, Yevoli & Albright, P.L.

* 21~ 09

Date

Edward T. Vevoli, Vice President

Initial Registered Agent