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RUDEN McCLOSKEY FTL

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**SLS Heart LLC**

Certificate of Status	1
Certified Copy	1
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5/13/2009

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAY 13 AM 8:49

**ARTICLES OF ORGANIZATION  
OF  
SLS HEART 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 SLS HEART LLC (the "Company").

2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE The mailing and street address of the principal office of the Company is: 50 East Haskell Street, Winnemucca, NV 89445.

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: CT Corporation System, 1200 S. Pine Island Road, Plantation, Florida 33324.

The undersigned has executed these Articles of Organization on the 18 day of May, 2009.

By:   
Susan L. Jancar, Authorized Representative

09 MAY 13 AM 8:49

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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: SLS Heart LLC.
2. The name and address of the registered agent and office is:

CT Corporation System  
1200 S. Pine Island Road  
Plantation, Florida 33324

*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.*

Barbara A. Burke  
CT Corporation System, Registered Agent

Date: 5/13/09

**Barbara A. Burke**  
**Special Assistant Secretary**