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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: MOMBACH, BOYLE & HARDIN, P.A. Account Name

Account Number: 074143000064

: (954)467-2200

Fax Number

: (954)467-2210

FLORIDA/FOREIGN LIMITED LIABILITY CO.

6717SFD, LLC

Certificate of Status	1
Certified Copy	1
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J. BRYAN

MAY 1.5 2009

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HEXAMINER

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ARTICLES OF ORGANIZATION

OF

6717SFD, LLC

The undersigned, as the authorized representative of the initial member of 6717SFD, LLC, a Florida limited liability company formed hereunder (the "Company"), on behalf of the member of the Company, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I COMPANY NAME

The name of the company is 6717SFD, LLC.

ARTICLE II COMMENCEMENT AND TERM OF EXISTENCE

In accordance with Section 608.409(1) of the Florida Limited Liability Company Act (the "Act"), the term of existence of the Company shall commence upon the filing of these Articles of Organization with the Florida Department of State, and shall continue perpetually, unless otherwise dissolved.

ARTICLE III MAILING ADDRESS AND STREET ADDRESS OF COMPANY

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

6717SFD, LLC c/o David C. Hardin Mombach, Boyle & Hardin, P.A. 500 East Broward Boulevard Suite 1950 Fort Lauderdale, Florida 33394

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ARTICLE IV REGISTERED AGENT AND REGISTERED AGENT ADDRESS

The registered agent and the street address of the registered agent of this Company in State of Florida shall be:

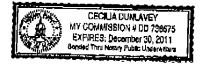
David C. Hardin Mombach, Boyle & Hardin, P.A. 500 East Broward Boulevard Suite 1950 Fort Lauderdale, Florida 33394

IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial member of the limited liability company hereby executes these Articles of Organization, this \(\subseteq \subseteq^{-\sigma} \) day of May, 2009.

DAVID C. HARDIN

STATE OF FLORIDA)
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 13 day of May, 2009, by DAVID C. HARDIN, who $\sqrt{}$ is personally known to me or who $\sqrt{}$ has produced a Florida driver's license as identification.



Notary Public - State of Florida My Commission Expires: Commission Number:

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Having been named as registered agent and to accept service of process for the above 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.

DATED this $13^{-\ell}$ day of May, 2009.

DAVID C. HARDIN

FILED

SECRETARY OF STATE
OF STATE
OF STATE

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