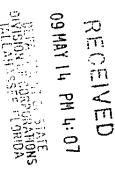
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Certified Copies	Certificates of Status	
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EXAMMER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



ACCOUNT NO. : 12000000195 REFERENCE: 994385 4816034 AUTHORIZATION : COST LIMIT : \$ 125 ORDER DATE: May 14, 2009 ORDER TIME : 3:10 PM ORDER NO. : 994385-005 CUSTOMER NO: 4816034 DOMESTIC FILING NAME: H. GREGORY LLC EFFECTIVE DATE: XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
H. GREGORY I	LC STE
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	y Company, "L.L.C.," or "LLC.") ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
800 René-Lévesque Blvd. West Suite 2200 Montréal, Québec H3B 1X9	same as Principal Office Address
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Corporation Service Con	npany
1201 Hays Street Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)
Tallahassee City, State, at	FL 32301 nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Corporation Service Co	mpany Heather Chapman as its agent

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Manag	Name and Address: ng Member
Manager	Richard Laramée 800 René-Lévesque Blvd. West Suite 2220
	Montréal, Québec H3B 1X9
	
(Use attachment if	ecessary)
	, if other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days prof filing.)
<u>REQUIRED</u> SIGN	ATURE:
s	nature of a member or an authorized representative of a member.
(I o	accordance with section 608.408(3). Florida Statutes, the execution his document constitutes an affirmation under the penalties of perjury hat the facts stated herein are true.)
-	Richard Laramée Typed or printed name of signee
	-11 a. 1

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)