

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L09000061529  
FILED 8:00 AM  
June 24, 2009  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:  
BEST ISLAND PROVIDERS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
601 NW 3RD AVENUE  
HALLANDALE, FL. US 33009

The mailing address of the Limited Liability Company is:  
13592 NW 6TH STREET  
204  
PEMBROKE PINES, FL. US 33028

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
TEKORAH S SWANN  
13592 NW 6TH STREET  
204  
PEMBROKE PINES, FL. 33028

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 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.

Registered Agent Signature: TEKORAH SWANN

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
TEKORAH S SWANN  
13592 NW 6TH STREET APT 204  
PEMBROKE PINES, FL. 33028 US

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### **Article VI**

The effective date for this Limited Liability Company shall be:

06/24/2009

Signature of member or an authorized representative of a member

Signature: TEKORAH SWANN