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FLORIDA/FOREIGN LIMITED LIABILITY CO.

MPS Management Group LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
MPS Management Group LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **MPS Management Group LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
1717 N Bayshore Drive Suite 2151, Miami, Florida 33132.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Salvador Coppola, 1717 N Bayshore Drive Suite 2151, Miami, Florida 33132. Located in the County of Dade.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Salvador Coppola, 1717 N Bayshore Drive Suite 2151, Miami, Florida 33132



Date: June 24, 2009

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

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FAX AUDIT # H090001575473CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED 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.

The name of the limited liability company is: **MPS Management Group LLC**

The name and address of the registered agent and office is Salvador Coppola, 1717 N Bayshore Drive Suite 2151, Miami, Florida 33132. Located in the County of Dade.

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

Signature: Salvador Coppola

Salvador Coppola

Date: 6/29/09

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