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Fax Number : (850)617-6383

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From:

: WILLIAMS SCHIFINO ANGIONE & STEADY, P.A Account Name

Account Number: I2000000216 : (813)221-2626 Phone Fax Number : (813)221-7335

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BOX LOFT, LLC

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ARTICLES OF ORGANIZATION

2009 AUG -6 AM 8: 03

OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

BOX LOFT, LLC

A Florida Limited Liability Company

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I - Name

The name of the limited liability company (hereinafter referred to as the "Company") is:

BOX LOFT, LLC

ARTICLE II — Address

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

11201 Corporate Circle North Suite 160St. Petersburg, Florida 33716

ARTICLE III — Registered Agent

The name and the Florida street address of the initial registered agent are:

John A. Schifino, Esq.
Williams Schifino Mangione & Steady P.A.
One Tampa City Center, Suite 3200
Tampa, Florida 33602

ARTICLE IV - Management

The Company is to be managed by its members, and is therefore a member-managed limited liability company. The name and address of the managing member of the Company is as follows:

<u>Name</u>:

Thomas C. Silver, D.M.D. Managing Member

Address:

11201 Corporate Circle North Suite 160 St. Petersburg, Florida 33716

ARTICLE V -- Operating Agreement

2009 AUG -6 AM 8: 03

Any Operating Agreement as defined in Section 608.402(24) of the Florida Limited Liability. Company Act ("FLLCA"), relating to the Company, must be in writing and signed SEE alf Loral American.

ARTICLE VI - Limitation on Agency Authority of Members

Pursuant to Section 608.4235 of FLLCA, no member of the Company shall be an agent of the Company solely by virtue of being a member.

ARTICLE VII - Date of Existence

Pursuant to Section 608.409(1) of FLLCA, the existence of the Company shall commence effective upon the acceptance of the filing hereof by the Florida Department of State.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this day of August, 2009.

John A. Schifino, Esq., Authorized Representative

In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

John A. Schiffino, Esq.

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for BOX LOFT, LLC at the place designated in this statement below. 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 under Chapter 608, Florida Statutes.

IN WITNESS WHEREOF, I have signed this Statement Accepting Appointment as Registered

Agent this day of August, 2009.

John A. Schifipo, Esq., Registered Agent

Williams Schrino Mangione & Steady P

One Tampa City Center, Suite 3200 Tampa, Florida 33602 SECRETARY OF STATE TALLAHASSEE, FLORID

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In accordance with Section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

John A. Schiffno, Esq.

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