

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : WHITE & CASE

Account Number : 075410002143 Phone : (305)371-2700

Fax Number

: (305)358-5744

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Vizsla LLC

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ARTICLES OF ORGANIZATION

OF

VIZSLA LLC

Pursuant to section 608.407, Florida Statutes, the undersigned hereby files these Articles of Organization as follows:

ARTICLE I - NAME

The name of the Limited Liability Company is VIZSLA LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is c/o 200 S. Biscayne Boulevard, Suite 4900, Miami, FL 33131.

ARTICLE III - DURATION

The period of duration for the Limited Liability Company is perpetual.

ARTICLE III - INITIAL MANAGERS

The Limited Liability Company shall be manager-managed and the initial manager shall be:

Lea Czik-Tenzer c/o 90 SW 3rd Street, Apartment PH12 Miami, FL 33130

IN WITNESS WHEREOF, the undersigned authorized representative has hereunto set his hand and seal this ____ day of September, 2009.

Ari M. Tenzer

Authorized Representative

CERTIFICATE DESIGNATING REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement in designating the registered office/registered agent:

VIZSLA LLC, desiring to organize as a limited liability company under the laws of the State of Florida, has designated 200 S. Biscayne Boulevard, Suite 4900, Miami, FL 33130, as its initial Registered Office and has named Ari M. Tenzer located at said address as its initial Registered Agent.

Ari M. Tenzer

Authorized Representative

Having been named Registered Agent for the above stated limited liability company, at the designated Registered Office, the undersigned hereby accepts said appointment and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the obligations of the undersigned's position as registered agent.

Ari M. Tenzer

Registered Agent

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SECRETARY OF STATE
ANALYSISE FLORIDA