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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
Fax Number : (813) 229-1660

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Three Trees, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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OCT 30 2009

EXAMINER

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**ARTICLES OF ORGANIZATION
THREE TREES, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is Three Trees, LLC.

ARTICLE II - Address:

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

3246 Northeast 16th Street
Pompano Beach, Florida 33062

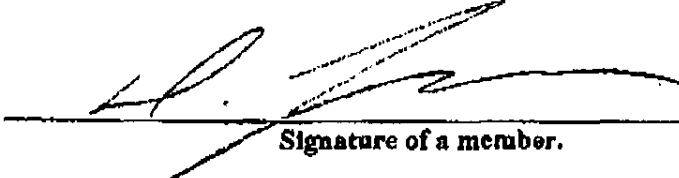
ARTICLE III - Managing Member:

The name and address of the managing member are:

Domenic Camposeo
3246 Northeast 16th Street
Pompano Beach, Florida 33062

IN WITNESS WHEREOF, I have signed these Articles of Organization as a member and acknowledged them to be my act this 22 day of October 2009.

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Signature of a member.

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

Domenic Camposeo
Typed or printed name of signer

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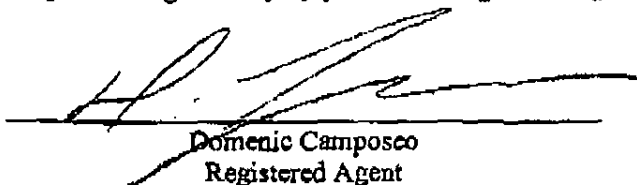
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Three Trees, LLC.
2. The name and the Florida street address of the registered agent are:

Domenic Camposco
3246 Northeast 16th Street
Pompano Beach, Florida 33062

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.


Domenic Camposco
Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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