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To:

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

From:

Account Name : THOMAS M. CLARK, P.A.
Account Number : 072100000445
Phone : (954) 776-3800
Fax Number : (954) 776-3825

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**FLORIDA LIMITED LIABILITY CO.
Silver Ash Management, LLC**

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EXAMINER

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ARTICLES OF ORGANIZATION
OF
SILVER ASH MANAGEMENT, LLC

ARTICLE ONE

The name of this limited liability company shall be SILVER ASH MANAGEMENT, LLC

ARTICLE TWO

The period of duration shall be perpetual.

ARTICLE THREE

This limited liability company is organized for the purpose of transacting any or all legal business.

ARTICLE FOUR

The business address and the mailing address of this limited liability company shall be 3385 NW 53rd Circle, Boca Raton, Florida 33496. The initial registered agent shall be Thomas M. Clark, 2400 East Commercial Boulevard, Suite 100, Fort Lauderdale, Florida 33308.

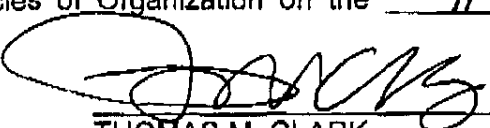
ARTICLE FIVE

This limited liability company has at least one member,

ARTICLE SIX

This limited liability company shall be managed by a manager or managers.

IN WITNESS WHEREOF, the undersigned authorized representative of the members has executed these Articles of Organization on the 11th day of March, 2010.


THOMAS M. CLARK

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

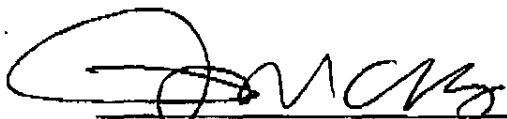
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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING
IS SUBMITTED:

FIRST THAT SILVER ASH MANAGEMENT, LLC, DESIRING TO ORGANIZE OR
QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL
PLACE OF BUSINESS AT THE CITY OF FORT LAUDERDALE, STATE OF FLORIDA,
HAS NAMED THOMAS M. CLARK, AT 2400 EAST COMMERCIAL BOULEVARD,
SUITE 820, FORT LAUDERDALE, FLORIDA 33308 AS ITS AGENT TO ACCEPT
SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE:



THOMAS M. CLARK

TITLE: AUTHORIZED REPRESENTATIVE OF MEMBER(S)

DATE: March 11, 2010

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR ABOVE
STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER
ACCEPT TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO
THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE:



THOMAS M. CLARK, REGISTERED AGENT

DATE: March 11, 2010

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