

FROM

Division of Corporations

FAX NO

Mar. 29 2:10 PM '10

55P1

**Florida Department of State**  
**Division of Corporations**  
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**To:**  
 Division of Corporations  
 Fax Number : (850) 617-6383

**From:**  
 Account Name : GREENBERG TRAUIG (ORLANDO)  
 Account Number : 103731001374  
 Phone : (407) 418-2435  
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**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**Niles USA 1, LLC**

Certificate of Status	0
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**A. LUNT**

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FROM

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:** The name of the Limited Liability Company is:  
NILES USA 1, LLC

**ARTICLE II - Address:**

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

Greenberg Traurig, P.A.  
Attn: Ty Roofner  
450 South Orange Avenue  
Suite 650  
Orlando, Florida 32801

**ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature:**

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

Name: NRAI Services, Inc.  
Address: 2731 Executive Park Drive, Suite 4  
Weston, Florida 33331

*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 as provided for in Chapter 608, F.S.*

*Mary Paris*

Registered Agent's Signature

*Ty Roofner*

Signature of a member or an authorized representative 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.)

Ty Roofner

Typed or printed name of signer

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