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Florida Department of State
Division of Corporations
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To:

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

Michelle Narea-Pop

From:

Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888) 491-1120
Fax Number : (954) 343-6962

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

Michelle.papu@gmail.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
ZIMAN FAMILY, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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MAY 28 2010

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ARTICLES OF ORGANIZATION
OF
ZIMAN FAMILY, LLC

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is ZIMAN FAMILY, LLC.

ARTICLE II - Duration:

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

ARTICLE III - Address:

The mailing address of the Limited Liability Company is c/o Robert Piegel, SunTrust Bank, Mail Code FL-FT LAUDERD 2034, 501 E. Las Olas Boulevard, 3rd Floor, Fort Lauderdale, Florida 33301. The principal office address of the Limited Liability Company is c/o 100 W. Cypress Creek Road, Suite 700, Fort Lauderdale, Florida 33309.

ARTICLE IV - Registered Agent:

The name and address of the initial registered agent for this Limited Liability Company is Gene K. Glasser, Esq., 100 W. Cypress Creek Road, Suite 700, Fort Lauderdale, Florida 33309.

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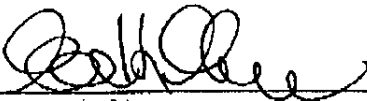
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ARTICLE V - Management:

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of the initial manager(s) are:

Roberta Barget	2347 Via Toscana, Harrisburg, PA 17112
Marjorie Ziman Nelson	107 Deepwood Road, Stamford, CT 06903

Whereof, the undersigned authorized representative of the member has executed these Articles the 27 day of May, 2010.



Gene K. Glasser
Authorized Representative of Member

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507,
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY
SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

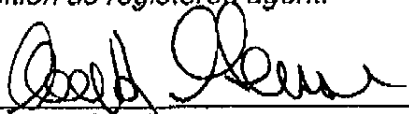
1. The name of the Limited Liability Company is:

ZIMAN FAMILY, LLC

2. The name and address of the registered agent and office is:

Gene K. Glasser
100 W. Cypress Creek Road, Suite 700
Fort Lauderdale, Florida 33309

*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.*



GENE K. GLASSER (Signature)

May 27, 2010
(Date)

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