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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

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

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FLORIDA LIMITED LIABILITY CO. 3256 Hillsboro, LLC

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G. MCLEOD

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EXAMINER

FAX AUDIT NO. H10000141521 3

ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I -- Name:

The name of the Limited Liability Company is: 3256 HILLSBORO, LLC

ARTICLE II - Address:

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

Principal Office:

Mailing Address:

7910 Tennyson Court Boca Raton, FL 33433 PQ Box 4877

Deerfield Beach, FL 33442

Name and Address:

ARTICLE III — Manager(s) or Managing Member(s)

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Exposition Properties, Inc., a California corporation

MGRM

PO Box 630923 Houston, TX 77024

IN WITNESS WHEREOR the undersigned authorized representative of the members has executed these Articles of Organization on the ________ day of June, 2010.

Thomas M. Clark

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

FAX AUDIT NO. H10000141521 3

17-Jun-2010 09:14am From-

954-776-3825

T-976 P.003/003 F-753

FAX AUDIT NO. H10000141521 3

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is:

3256 Hillsboro, LLC

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

THOMAS M. CLARK, PA 2400 E. COMMERCIAL BLVD. #820 FORT LAUDERDALE, FLORIDA 33308

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 pagistered agent.

(Signature)