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(Requestor's Name)

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(Business Entity Name)

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DIVISION OF CORPORATIONS

B. KOHR
DEC 29 2010
EXAMINER

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 29 PM 2:42



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 626612 7501635
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 29 PM 2:42

ORDER DATE : December 28, 2010
ORDER TIME : 4:52 PM
ORDER NO. : 626612-005
CUSTOMER NO: 7501635

DOMESTIC FILING

NAME: SML-BKP HOLDINGS, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SML-BKP HOLDINGS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

17160 GRAND BAY DRIVE

BOCA RATON

FLORIDA, 33496

Mailing Address:

17160 GRAND BAY DRIVE

BOCA RATON

FLORIDA, 33496

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DORIS SOLOMON

Name

17160 GRAND BAY DRIVE

Florida street address (P.O. Box NOT acceptable)

BOCA RATON

FL 33496

City, State, and Zip

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.

By: Doris Solomon

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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10 DEC 29 PM 2:42

ARTICLE IV- 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

Name and Address:

MGR

DORIS SOLOMON

17160 GRAND BAY DRIVE

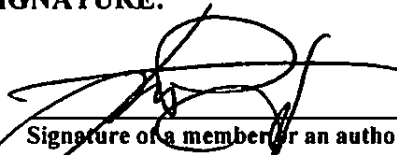
BOCA RATON, FL 33496

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

STEPHEN P. LONG

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)