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FLORIDA LIMITED LIABILITY CO. ORA LEE INVESTMENTS, LLC

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EXAMINER

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ARTICLES OF ORGANIZATION

OF

ORA LEE INVESTMENTS, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is ORA LEE INVESTMENTS, 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 and street address of the principal office of the Limited Liability Company is 1750 NW 124TH WAY, CORAL SPRINGS, FLORIDA 33071.

ARTICLE IV - Registered Agent:

The name and address of the initial registered agent for this Limited Liability Company is AVIVA ZFAT, 1750 NW 124TH WAY, CORAL SPRINGS, FLORIDA 33071

ARTICLE V - Management:

The Limited Liability Company is to be managed by a manager or managers and the name and address of the initial individual who is to serve as manager is:

AVIVA ZFAT 1750 NW 124TH WAY, CORAL SPRINGS, FLORIDA 33071

Whereof, the undersigned authorized representative of the member has executed these Articles the 4 day of 5 , 2011.

AVIVA ZFAT Authorized Representative of Member

2011 MAY -4 M O 45
SECRETARY OF STATE
TALLAHASSEE F. STATE

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:

ORA LEE INVESTMENTS, LLC

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

AVIVA ZFAT 1750 NW 124TH WAY, CORAL SPRINGS, FLORIDA 33071

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.

AVIVA ZFAT

Date: 5/4

2011 HAY -4 MM C 45
SECRETARY OF STATE