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Florida Department of State  
Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
AGAVE NATIONAL HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
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T. CLINE

JUL 14 2011

EXAMINER



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## FACSIMILE TRANSMISSION

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To:	850-617-6383
From:	vhodge@foley.com
Date:	7/13/2011

**Delivery Details:**

Please see attached filing - Articles of Organization for Agave National Holdings, LLC

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CONFIDENTIALITY NOTICE: THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION, AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR ANY AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR, AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU.

Fax Audit No. H11000180139 3

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is: **AGAVE NATIONAL HOLDINGS, LLC**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company are:  
5030 Champion Boulevard, Suite G-6 #286, Boca Raton, FL 33496.


**ARTICLE III – Registered Agent, Registered Office & Registered Agent’s Signature:**

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

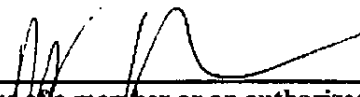
**F&L Corp.**  
Name  
**One Independent Drive, Suite 1300**  
Florida street address (P.O. Box NOT acceptable)  
**Jacksonville, FL 32202**  
City, State, and Zip

*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 completed 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.*

F&L CORP.

By:   
Chauncey W. Lever, Jr.  
Authorized Signatory

(An additional article must be added if an effective date is requested)

  
\_\_\_\_\_  
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.)

**Robert S. Bernstein, Authorized Representative of Member**  
Typed or printed name of signee

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**FILING FEES:**

- \$100.00 Filing Fee for Articles of Organization
- \$25.00 Designation of Registered Agent
- \$30.00 Certified Copy (OPTIONAL)
- \$5.00 Certificate of Status (OPTIONAL)