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To:

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

From:

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

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

Email Address: rodsheldon@preferreddevelopers.net

FLORIDA LIMITED LIABILITY CO.  
PREFERRED BORDERS, LLC

Certificate of Status	0
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# Fax Message

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**To:** FLORIDA SECRETARY OF STATE

**Fax:** 18506176383

**From:** Michelle Narea-Popu  
Greenspoon Marder, P.A.

**Date:** 12/8/2011 4:58 PM

**Pages:** 1 of 5 (including this page)

**Subject:** PREFERRED BORDERS, LLC

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**ARTICLES OF ORGANIZATION  
OF  
PREFERRED BORDERS, LLC**

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**ARTICLE I - Name:**

The name of the Limited Liability Company is PREFERRED BORDERS, 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 201 E. Pine Street, Suite 500, Orlando, Florida 32801.

**ARTICLE IV - Registered Agent:**

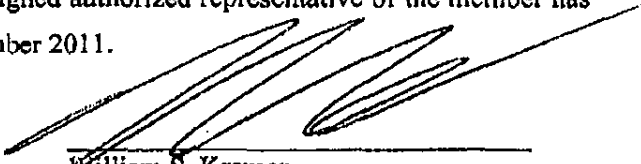
The name and address of the initial registered agent for this Limited Liability Company is William S. Kramer, Esq., 201 E. Pine Street, Suite 500, Orlando, Florida 32801.

**ARTICLE V - Management:**

The Limited Liability Company is to be Manager managed. The name and address of the initial Manager who shall serve as Manager of the Limited Liability Company, until his successor is named and qualified or his resignation is:

William S. Kramer 201 E. Pine Street, Suite 500, Orlando, Florida 32801

IN WITNESS WHEREOF, the undersigned authorized representative of the member has executed these articles this 6<sup>th</sup> day of December 2011.

  
William S. Kramer  
Authorized Representative of the Member

**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:

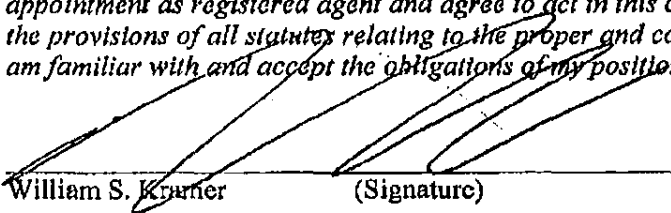
**PREFERRED BORDERS, LLC**

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

William S. Kramer, Esq.  
201 E. Pine Street, Suite 500  
Orlando, Florida 32801

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*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.*

  
William S. Kramer

(Signature)

December 6<sup>th</sup> 2011  
(Date)