Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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| Emmil | il Address | dion@aulppoperty.com |
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| | | |

FLORIDA LIMITED LIABILITY CO.

AU 1 L.L.C.

Certificate of Status Certified Copy Page Count Estimated Charge

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name | |
|--|--|
| The name of the Limited Liability Company is: AU 1 L.L.C | |
| ARTICLE II - Address | of the Limited Liability Company is: |
| The mailing address and street address of the principal office of | of the Limited Liability Company is: |
| | U-77 |
| Principal Office Address: | Mailing Address: |
| 131 Royal Palm Drive | 131 Royal Palm Drive |
| Fort Lauderdale, FL 33301 | Fort Lauderdale, FL 33301 |
| | - |
| | |
| | |
| ARTICLE III - Registered Agent, Registered Off The name and Florida street address of the registered agent ar | |
| | |
| Dean Giannarell | Name |
| | |
| 131 Royal Palm D | Mail Drop Box NOT Acceptable) |
| · | • |
| Fort Lauderdale, | |
| | City / State / Xip) |
| at the place designated in this certificate, I hereby accept | rice of process for the above stated limited liability company the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance |
| of my duties, and I am familiar with and accept the obliga | |
| Chapter 608, F.S. | |
| (), [] | |
| Registered Agent's Signature - D | ean Giannarelli |

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| ARTICLE IV - Manager(s) of The name and address of each Man | r Managing Member(s): ager or Managing Member is as follows: |
|---|--|
| Title: "MGR"=Manager "MGRM"=Managing Member | Name and Address: |
| _MGR | OPM International Management Inc. |
| | 131 Royal Palm Drive, Fort Lauderdale, FL 33301 |
| (Use attachment if necessary) REQUIRED SIGNATURE: | |
| | (1). C. Ell. |
| Signature | of a member or authorized representative of a member. |
| • | nce with section 60%.408(3), Florida Statutes, the execution of this eastitutes an affirmation under the penalties of perjury that the facts a are true,) |
| De | ean Giannarelli, Authorized Representative |
| | Typed or printed name of signee |