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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305) 634~3694

Fax Number : (305)633-9696

Enter the email address for this business entity to be used for $f_{\nu} \overline{f_{\nu}} \underline{\psi}_{e}$ annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. PSD GROUP, LLC

Certificate of Status	0
Certified Copy	1
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D. BRUCE

JUN 20 2012

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6/19/2012

EMPIRE CORP KIT

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: PSD GROUP, 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; Mailing Address: 8920 SW 140 STREET 8920 SW 140 STREET MIAMI, FLORIDA 33176 MIAMI, FLORIDA 33176 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: JANINE SOLAU Name 8920 SW 140 STREET Florida street address (P.O. Box NOT acceptable)

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.

City, State, and Zip

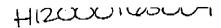
_{FL} 33176

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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MIAMI



The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM JANINE SOLAU 8920 SW 140 STREET MIAMI, FLORIDA 33176 (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: ____ (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 for 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 penaltics of perjury that the facts stated herein are frue. 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.) JANINE SOLAU Typed or printed name of signee Filing Foos: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV- Manager(s) or Managing Member(s):

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