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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : AKERMAN LLP - ORLANDO

Account Number: 076656002425 Phone : (407) 423-4000

Fax Number : (407)843-6610

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

Email Address: JAKE.BERGMANN@GMAIL.COM

FLORIDA LIMITED LIABILITY CO. ICONOCLAST ONE, LLC

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T. SCOTT

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ARTICLES OF ORGANIZATION OF ICONOCLAST ONE, LLC

ARTICLE I - Name:

The name of the limited liability company is ICONOCLAST ONE, LLC (the "Company").

ARTICLE II - Address:

The mailing address and street address of the Company is 450 E. Las Olas Blvd. #1250, Fort Lauderdale, FL 33301.

ARTICLE III - Existence and Duration:

The Company shall commence its existence on the date that these Articles of Organization are filed with the Department of State, and its duration shall be perpetual unless sooner dissolved by law.

ARTICLE IV - Management:

The Company is a manager-managed limited liability company. The name and Florida street address of the initial managers of the Company are:

R. Jacob Bergmann 450 E. Las Olas Blvd. #1250 Fort Lauderdale, FL 33301

Hali Utstein 450 E. Las Olas Blvd. #1250 Fort Lauderdale, FL 33301

ARTICLE V - Registered Agent

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

Corporate Creations Network, Inc. 801 U.S. Highway 1 North Palm Beach, Florida 33408

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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 as provided for in Chapter 605, Florida Statutes.

Corporate Creations Network, Inc.

Print Name: Lauren Underwood

Title: Special Secretary

Registered Agent

REQUIRED SIGNATURE:

R Jacob Bergmann, Authorized Representative

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 section 817.155, Florida Statutes.)