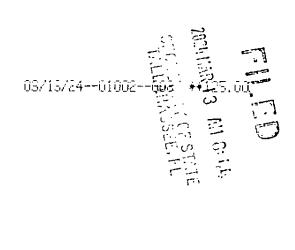
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## WALK IN

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liab	ility Company is:			
Acquisition II - No	orthern Oaks TTC			
		iability Con	npany, "L.L.C.," or "LLC.")	·
ARTICLE II - Address: The mailing address and stree	t address of the principal off	ice of the L	imited Liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Addres	<u>s</u> :
831 NE 20TH AV			831 NE 20TH AVENUE	
FORT LAUDERE	OALE, FL 33304		FORT LAUDERDALE, FL 333	304
(The Limited Liability Compa another business entity with a The name and the Florida stre	n active Florida registration	ogent are:	rgent. You must designate an indiv	ridual or
		Name		
	801 US Highway 1			
	Florida street address	(P.O. Box	NOT acceptable)	
	North Palm Beach	FL	33408	
	City	State	Zip	
lace designated in this certifica irther agree to comply with the	te, I hereby accept the appoi provisions of all statutes rela	intment as reating to the	for the above stated limited liability egistered agent and agree to act in a proper and complete performance of agent as provided for in Chapter 60	this capacity. I of my duties, and I
	/S/ Kristen Fundar	о		
	Register	ed Agent's	Signature (REQUIRED)	
		(CONTIN	UED)	1.12.1.2.3.1 20.11.2.3.1

REOUIRED SIGNATURE:  /S/Kristen Fundaro  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes 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.  Kristen Fundaro	Title:	Name and Address:	
Use attachment if necessary)  2.V: Effective date, if other than the date of filing:  cive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  2.VI: Other provisions, if any.  2.VI: Other provisions, if any.  2.VI: Other provisions, if any.  2.VI: Other provisions are an authorized representative of a member.  3.VI: Other provisions are that any false information submitted in a document to the Department of Statucts.  3.VI: I am aware that any false information submitted in a document to the Department of Statucts.  3.VI: Visiten Fundaro			
Use attachment if necessary)  2. V: Effective date, if other than the date of filing:  2. Cive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filling.)  3. In this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  3. VI: Other provisions, if any.  3. Sefficiency of a member or an authorized representative of a member.  4. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes 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.  4. Kristen Fundaro		1900F	NORTHANKSTIC
Use attachment if necessary)  E.V: Effective date, if other than the date of filing:			- NORTH OAKS, LLC
Use attachment if necessary)  E.V: Effective date, if other than the date of filing:		831 NE 20TH AVENUE	
CV: Effective date, if other than the date of filing:		FORT LAUDERDALE, FL 3	3304
CV: Effective date, if other than the date of filing:			
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ARTICLE IV-