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LAZARUS CORPORATE FILIR (Requestor's Name)	NG SERVICE, INC.		
3320 S.W. 87th AVENUE			
(Address)			
MIAMI, FLORIDA (305) (City, State, Zip))552-5973 (Phone #)		
LOCAL REPRESENTATIVE TALLAHASSEE			
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ARTICLES OF ORGANIZATION FOR FLORIDA CLUB ASSOCIATES, A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is: FLORIDA CLUB ASSOCIATES, LC.

ARTICLE 11 - Address:

The mailing address and street address of the principal office of the Florida Club Associates, LC. is: 8731 SW 14th Street, Pembroke Pines, Florida 33025

ARTICLE 111 - Duration:

The period of duration for the the Florida Club Associates, LC shall be: Perpetual

ARTICLE 1V - Management:

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Henry Thomas: 9200 Bay Harbor Terr. Suite # 5B, Bay Harbor Islands, Fl. 33154

Benson Somuah: 8731 SW 14th St. Pembroke Pines, Fl. 33025

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

CERTIFICATION 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: Florida Club Associates, LC
- 2. The name and address of the registered agent and office is:

Benson Somuah (Name)

8731 SW 14th St. (Address)

Pembroke Pines, Fl. 33025 (City/State/Zip) FILED

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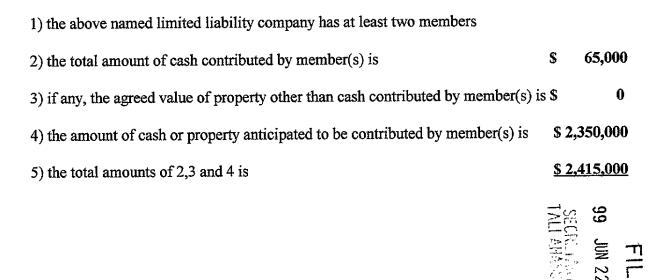
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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.

(Signature) (Date)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of : **FLORIDA CLUB ASSOCIATES, LC** deposes and says:



Signature of member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)