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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION

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LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. ESCONDIDO ESTATES, LLC
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

- Walk in Pick up time 2.00 Certified Copy
- Mail out Will wait Photocopy Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION | |
|----------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

APPROVED
 AND
 FILED
 03 FEB 29 PM 1:09
 TALLAHASSEE, FLORIDA

| | |
|---------------------|--|
| Examiner's Initials | |
|---------------------|--|

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY
OF
ESCONDIDO ESTATES, LLC**

ARTICLE I - Name

The name of the Limited Liability Company is:

ESCONDIDO ESTATES, LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

**2600 N.W. 87 AVENUE
SUITE #32
MIAMI, FL 33172**

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be:

PERPETUAL

ARTICLE IV - Management

The Limited Liability Company is to be managed by the members and the name and address of the managing members are:

**SILVIA JARAMILLO
2600 N.W. 87 AVENUE
SUITE #32
MIAMI, FLORIDA 33172**

APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned member or authorized representative of a member of **ESCONDIDO ESTATES, LLC**, deposes and says:

- 1) the above named limited liability company has at least one member.

By: 
SILVIA JARAMILLO

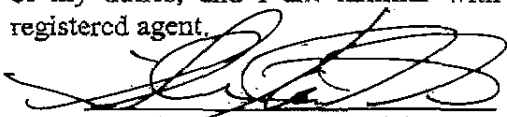
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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: **ESCONDIDO ESTATES, LLC.**
2. The name and address of the registered agent and office is:

SILVIA JARAMILLO
 2600 N.W. 87 AVENUE
 SUITE #32
 MIAMI, FL 33172

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.


 SILVIA JARAMILLO (Signature)

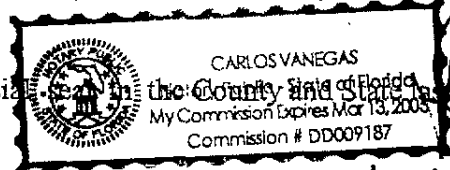
4/21/03.
 Date

STATE OF FLORIDA }
 } SS
 COUNTY OF }

SECTION 608.415 OF FLORIDA STATUTES
 AND
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 03 Apr 29 PM 1:09

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared **SILVIA JARAMILLO** of **ESCONDIDO ESTATES, LLC**, who is personally known to me or who did furnish identification, and who acknowledged executing the foregoing Designation and Acceptance as Registered Agent, freely and voluntarily for the purposes therein stated.

WITNESS my hand and official seal in the County and State of Florida
 this ___ day of _____, 2001.


 CARLOS VANEGAS
 My Commission Expires Mar 13, 2008
 Commission # DD009187

NOTARY PUBLIC 04/23/04

(Seal)

Printed Name of Notary