Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000226621 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

LIMITED LIABILITY COMPANY

SMART HOME INVESTMENTS, L.L.C.

Certificate of Status	O CONTRACTOR OF THE PROPERTY O
Ccrtified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help.



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 26, 2005

FAS-T CORP AGENTS, INC.

SUBJECT: SMART HOME INVESTMENTS, L.L.C.

REF: W05000044272

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please cali (850 245-6097.

Marsha Thomas Document Specialist

FAX Aud. #: H05000226621 Letter Number: 405A00058541

05 SEP 26

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SMART HOME INVESTMENTS, L.L.C.

ARTICLE II - Address:

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

232 MAJORCA AVE., #3 CORAL GABLES, FL 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

JUAN M. RODRIGUEZ

232 MOJORCO AVENTS

COLAL GABLES, FI 33/34

Flaving 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 provider for in Chapter 608, F.S.

ARTICLE IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

Agent's Signature

(An additional article must be added if an effective date is requested)

Signature of member or 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 penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

H 05000226621 3

ARTICLE V - Members & Manager Member(s)

The names and addresses of the initial members of the Company are:

NAME	ADDRESS	TITLE
Juan M. Rodriguez	1215 82 st. N. Bergen, NJ 07047	Manager Member
Rafael M. Almonte	5 Ida St. Haledon, NT 07508	Manager Member

1:01 WW 92