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Florida Department of State
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

987 INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
987 INVESTMENTS, LLC**

ARTICLE I

The name of the limited liability company shall be 987 INVESTMENTS LLC

ARTICLE II

The principal place of business and mailing address of the corporation shall be:

**10900 SW 97 AVENUE
MIAMI FLORIDA 33176**

ARTICLE III

This limited liability company shall commence its existence immediately upon the filing of the Articles of Organization and shall perpetually thereafter be in existence unless sooner dissolved by and in accordance with Florida law.

ARTICLE IV

The name and address of the initial registered agent is:

**GILBERT CONTRERAS
10900 SW 97 AVENUE
MIAMI FLORIDA 33176**

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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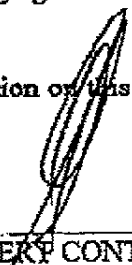
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ARTICLE V

The limited liability company is to be managed by a managing member.

2006.

The undersigned has executed these Articles of Organization on this 21 day of August


GILBERT CONTRERAS

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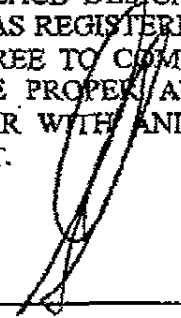
**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First that, 987 INVESTMENTS LLC desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization, has named GILBERT CONTRERAS, whose address is 10900 SW 97 AVENUE MIAMI FLORIDA 33176, as its agent to accept service of process within this State.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED CORPORATION 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
Registered Agent



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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