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Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850)205-0383

From:
 Account Name : RODOLFO J. SUAREZ, INC.
 Account Number : I19990000270
 Phone : (305)718-4400
 Fax Number : (305)718-4408

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRET

FLORIDA/FOREIGN LIMITED LIABILITY CO.

1952, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1952, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

3029 N.E. 188th Street
Unit # 1020
Aventura, Florida 33180

Mailing Address:

3029 N.E. 188th Street
Unit # 1020
Aventura, Florida 33180

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Rodolfo J Suarez

Name

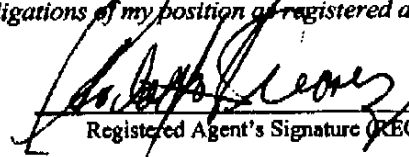
10200 NW 25th Street - 207

Florida street address (P.O. Box NOT acceptable)

Miami, FL 33172

City, State, and Zip

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 as provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

"MGRM"

Rodolfo G Remien

3029 N.E. 188th Street - Unit 1020

Aventura, Florida 33180

"MGR"

Fanny G Rincon

3029 N.E. 188th Street - Unit 1020

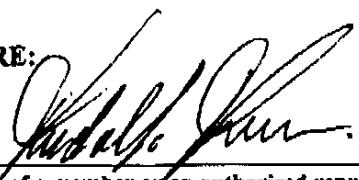
Aventura, Florida 33180

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TALLAHASSEE FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 5, 2007.

REQUIRED SIGNATURE:



Signature of a 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.)

Rodolfo G. Remier

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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