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**FLORIDA LIMITED LIABILITY CO.  
535 PLAZA HOLDINGS OF MIAMI LLC**

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**ARTICLES OF ORGANIZATION FOR 535 PLAZA HOLDINGS OF MIAMI LLC, A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

The name of the limited liability company shall be 535 PLAZA HOLDINGS OF MIAMI LLC, a Florida limited liability company.

**ARTICLE II**

The principal place of business and mailing address of the company shall be 999 Ponce De Leon Blvd Suite 735 Coral Gables Florida 33134.

**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 Marco De La Cal, 999 Ponce De Leon Blvd. Suite 735 Coral Gables Florida 33134.

**ARTICLE V**

The limited liability company is to be managed by managers, the initial managers are Jose A. Ortega Jr. and Armando Garcia.

The undersigned has executed these Articles of Organization on this 20 day of January 2011.

  
\_\_\_\_\_  
MARCO DE LA CAL

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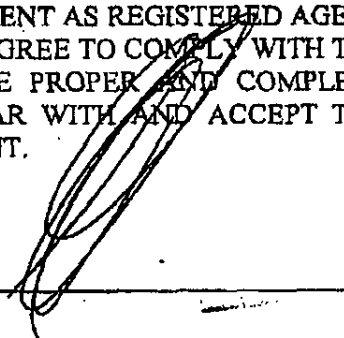
**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

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, **535 PLAZA HOLDINGS OF MIAMI 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 Marco De La Cal, whose address is 999 Ponce De Leon Blvd. Suite 735 Coral Gables Florida 33134, 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



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