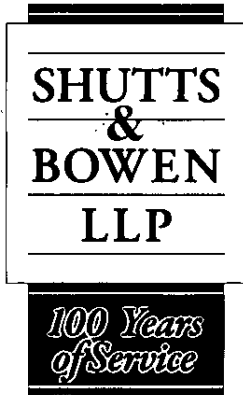




LOUIS NOSTRO  
DIRECT LINE (305) 379-9164  
FLORIDA BAR BOARD CERTIFIED  
IN THE AREAS OF TAXATION  
WILLS, TRUSTS & ESTATES



EMAIL ADDRESS:  
L.NOSTRO@SHUTTS-LAW.COM

August 29, 2011

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: 1760 SW, LLC**

Gentlemen:

I enclose for filing the Articles of Organization for **1760 SW, LLC**, along with a check for \$160.00 (to cover the filing fee, certified copy and certificate of status). A return envelope is enclosed for your convenience.

Please contact me if you have any questions. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Louis Nostro", is written over the typed name.

Louis Nostro

LN/sxp  
Enclosure

MIADOCS 5636812 1

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

1760 SW, LLC

(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:**

7140 SW 40 STREET  
MIAMI, FL 33155

**Mailing Address:**

7140 SW 40 STREET  
MIAMI, FL 33155

**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:

LOUIS NOSTRO

Name

201 S. BISCAYNE BLVD., STE. 1600

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

MIAMI

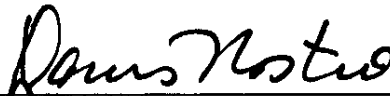
FL 33131

City, State, and Zip

2011 AUG 31 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*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)

(CONTINUED)

FILED

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

The name and address of each Manager or Managing Member is as follows: 2011 AUG 31 AM 11:05

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM

SERGIO CONCEPCION

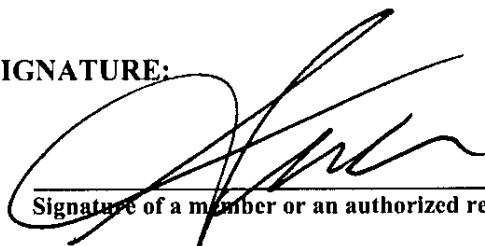
7140 SW 40 STREET

MIAMI, FL 33155

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: August 29, 2011 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**SERGIO CONCEPCION, PRESIDENT**

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)