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(((H020001655347)))

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To:

Division of Corporations
Fax Number: (950) 205-0381

From:

Account Name: AKERMAN, SENTERFITT & EIDSON, P.A.

Account Number: 075471001363

(305)374-5600

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FLORIDA PROFIT CORPORATION OR P.A.

PARS BEACH CLUB INC.

Certificate of Status
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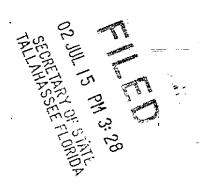
Certificate of Status	0
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FAX AUDIT # H02000165534

ARTICLES OF INCORPORATION OF

PARS BEACH CLUB INC.

in compliance with Chapter 607, Florida Statutes



ARTICLE 1 - NAME OF CORPORATION:

The name of the corporation shall be: PARS BEACH CLUB INC.

ARTICLE II - PRINCIPAL OFFICE AND MAILING ADDRESS:

The principal place of business and mailing address of the corporation is: 8550 N.W. 33 Street, Miami, Florida 33166.

ARTICLE III - CAPITAL STOCK:

The number of shares of common stock that the Corporation is authorized to issue is One Thousand (1,000) at a \$.01 par value each share. Each issued and outstanding share of common stock shall be entitled to one vote on each matter submitted to a vote at a meeting of the shareholders.

ARTICLE IV - INITIAL DIRECTOR

The name and address of the initial Director of the Corporation are Masoud Shojace, 8550 N.W. 33 Street, Miami, Florida 33166.

ARTICLE V - REGISTERED AGENT:

The name and street address of the registered agent are: Masoud Shojace, 8550 N.W. 33 Street, Miami, Florida 33166.

ARTICLE VI - INCORPORATOR:

The name and street address of the incorporator is: Masoud Shojaee, 8550 N.W. 33 Street, Miami, Florida 33166.

ARTICLE VIL INDEMNIFICATION:

The Corporation shall indemnify the incorporator, any present or former officer or director, or person exercising powers and duties of an officer or a director, to the full extent permitted by law.

Signed and dated this 12th day of July, 2002.

Masoud Shipace, incorporator

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Having been named as registered agent and to accept service of process for PARS BEACH CLUB INC. at the place designated in this document, 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.

Masoud Shorace, Registered Agent

02 JUL 15 PM 3: 28
SECRETARY OF STATE
TALLAHASSEE FLORIDA