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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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

ALBANY LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALBANY LLC

ARTICLE II - Address:

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

520 Brickell Key Drive
Miami, Florida 33131

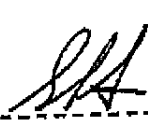
ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:
Perpetual

ARTICLE IV - Management

The Limited Liability Company is to be managed by a
member and the name and address of the entity who is to
serve as member is:

Albany Business Corp.
520 Brickell Key Drive
Miami, Florida 33131



Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this
affidavit constitutes an affirmation under the penalties of perjury that the
facts stated herein are true.)

Instrument Prepared By:
STEPHEN A. FREEMAN, ESQ.
FREEMAN, BUTTERMAN, HABER & ROJAS, LLP
520 Brickell Key Dr., C-305
Miami, Florida 33131
Fla. Bar No. 146795

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ARTICLE V - Admission of Additional Members:

The members will have the right to admit additional members.

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ARTICLE VI - Members Rights to Continue Business:

The remaining members of the limited liability company will have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company.

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

ALBANY LLC
2. The name and address of the registered agent and office is:

Stephen A. Freeman
520 Brickell Key Drive, O-305
Miami, Florida 33131

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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.



(SIGNATURE)


(DATE)

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