## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

: (305)634-3694 Fax Number : (305)633-9696

### LIMITED LIABILITY COMPANY

bloxer duke, Ll.c.

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EMPIRE CORPORATE KIT

P.02/03

9 6 7.5 RTIGLES OF ORGANIZATION FOR BOXER DUKE, L.L.C., A FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I-Name:

The name of the Limited Liability Company is:

#### BOXER DUKE, L.L.C.

#### ARTICLE II- Address:

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

#### 1239 ALTON ROAD MIAMI BEACH, FLORIDA 33139

#### ARTICLE -III-

Registered Agent, Registered Office, & Registered Agent's Signature:

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

THOMAS G. SHERMAN, ESO., P.A. 218 ALMERIA AVENUE CORAL GABLES, FLORIDA 33134

#### ARTICLE IV PURPOSE

The limited liability company shall have the authority to engage in any activity or business permitted under the laws of the United States and of the law of the State of Florida, and the law of any other jurisdiction wherein it may conduct business. This limited liability company may conduct business within or without the State of Florida anywhere in the world that it may so select.

### ARTICLE V VOTING

Votes of the members shall be in proportion to their contributions to the capital of the limited liability company as adjusted from time to time, to properly reflect any additional contributions or withdrawals of capital by the members.

#### ARTICLE VI-Management (Check box if applicable)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

The Limited Liability Company is to be managed by its members and is. therefore, a member-managed company.

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#### ARTICLE VII MEMBERS

The Managing Member of the Limited Liability Company is:

1) **GUS GUTIERREZ** 1239 ALTON ROAD

MIAMI BEACH, FLORIDA 33139

Print Name: Thomas G. Shejman Authorized Representative of a Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)

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.

THOMAS G. SHERMAN, ESQ., P.A. REGISTERED AGENT'S SIGNATURE

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