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**Florida Department of State
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From:

Account Name : EMPIRE CORPORATE KIT COMPANY
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Phone : (305) 634-3694
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LIMITED LIABILITY COMPANY

hfa development group llc

Name Availability	
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DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
HFA DEVELOPMENT GROUP LLC**

ARTICLE I

The name of the limited liability company shall be: **HFA DEVELOPMENT GROUP
LLC**

ARTICLE II

The principal place of business and mailing address of the corporation shall be:

**10700 SW 116 AVE
MIAMI, FLORIDA 33176**

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

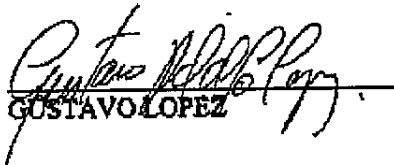
The name and address of the initial registered agent is:

**GUSTAVO LOPEZ
10700 SW 116 AVE
MIAMI, FLORIDA 33176**

ARTICLE V

The limited liability company is to be managed by a managing member. The managing member of the company shall be Gustavo Lopez.

The undersigned has executed these Articles of Organization on this ____ day of August, 2002.


GUSTAVO LOPEZ

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TALLAHASSEE, FLORIDA

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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, **HFA DEVELOPMENT GROUP 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 **GUSTAVO LOPEZ**, whose address is 10700 SW 116th Ave., Miami, Florida 33176, 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

Gustavo Lopez

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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