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## Florida Department of State

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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 OF CORPURATION

#### LIMITED LIABILITY COMPANY

#### the grand apartments, l.l.c.

Certificate of Status	0
Certified Copy	0
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JUN 2 9 2005



## (3)

#### ARTICLES OF ORGANIZATION OF THE GRAND APARTMENTS, L.L.C.

The undersigned, under the provisions of Chapter 608 of the Florida Statutes (the "Act"), for the purpose of forming a limited liability company under the laws of the State of Florida, do set forth the following:

I. THE NAME OF THE LIMITED LIABILITY COMPANY:

The Grand Apartments, LLC

II. THE MAILING ADDRESS AND STREET ADRESS OF THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS:

1717 N. Bayshore Drive #3345, Miami, FL 33132

III. THE PERIOD OF ITS DURATION:

Unless earlier terminated under the Act or the Operating Agreement, the period of duration of the Company shall be perpenual.

IV. PURPOSE:

The purpose for which the Company is organized is to engage in any and all business and activities permitted by the Act and any other applicable laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

V. THE NAME AND ADDRESS OF THE REGISTERED AGENT IN FLORIDA:

Carlos Fornaris, 1717 N. Bayshore Drive, #334S, Miami, FL 33132

VI. MANAGEMENT:

The Limited Liability Company is to be managed by the Board of Managers and their titles are:

Carlos Fornaris, Manager, 1717 N. Bayshore Drive, #3345, Miami, PL 33132

VII. MEMBERS:

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The Limited Liability Company shall consist of the following Members, who shall own an undivided interest in the Company as follows:

12.5%

12.5%

Carlos Fornaris 1717 N. Bayshore Drive, #3345, Miami, FL 33132	12.5%
Laura A. Foster M.D. and Terry G. Smith M.D. 1241 North Rio Vista Blvd., Ft. Lauderdale, FL 33301	12.5%
Gerald P. Rosen M.D. 90 Alton Rd., Unit #3004, Miami Beach, FL 33139	12.5%
Guillermo Garcia, M.D. and Angela Garcia, M.D. 12.5 912 S.E. 6th Street, Ft. Landerdale, FL 33301	%
Hector Davila, M.D. and Kathy Davila 3736 Loquat Avenue, Miami, FL 33133	12.5%
W.G. Properties, LLC. 7811 S.W. 88 Terrace, Miami, FL 33156	12.5%

Howard S. Goldman, M.D. and Shelly Payne, PIID. 13010 Miranda Street, Coral Gables, FL 33156

1835 N.W. 103 Avenue, Plantation, FL 33322

Michael Schleien

THE RIGHT, IF GIVEN, OF THE MEMBERS TO ADMIT ADDITIONAL VIII. MEMBERS, AND THE TERMS AND CONDITIONS OF THE ADMISSIONS:

Additional members may be admitted only at such times and on such terms and conditions as Members may unanimously agree.

IX. THE RIGHT, IF GIVEN, OF THE REMAINING MEMBERS OF THE LIMITED LIABILITY COMPANY TO CONTINUE THE BUSINESS ON THE DEATH, RETIREMENT, RESIGNATION, EXPULSION, BANKRUPTCY OR DISSOLUTION OF A MEMBER OR OCCURRENCE OF ANY OTHER EVENT WHICH TERMINATES THE CONTINUED MEMBERSHIP OF A MEMBER IN THE LIMITED LIABILITY COMPANY:

TORS JIM 28 M 9: WY

The remaining members of the Company may continue the business upon the termination of membership of a Member in the Company upon unanimous agreement.

IN WITNESS WHEREOF, THE PARTIES HERETO HAVE EXECUTED THESE ARTICLES OF ORGANIZATION.

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Carlos Fornaris, Member/Manag	THE SECTION OF THE SE
STATE OF FLORIDA	) SSS
COUNTY OF MIAMI-DADE	F. F
person who executed the foregot	-
IN WITNESS WHEREOF, I day of June, 2005.	have because act my hand and scal or this 2 4 th
Commission Expires: Personally known	MURKA R. PREDRA MY COMMISSION & DD 128648 EXPIPES: June 17, 2008 January Three Motory clubit Understatives
Type of identification Produced_	

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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.

The name of the Limited Liability Company is The Grand Apartments, LLC, a
Florida Limited Liability Company.

The name and address of the registered agent and office is Carlos Fornaris, 1717 N. Bayshore Drive, #3345, Miami, FL 33132

2. 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.

Carle Zin			NIC NIC
Carlos Fornaris			
Date: 6/3/05			UN 28 AL
STATE OF FLORIDA	) )5s		# 9: 4.7 EE, FLORI
COUNTY OF MIAMI-DADE	<b>`</b> )		80 1
person who executed the foregon in witness whereof, i day of lune, 2005.	_	to set my hand/and seal on this	004
Commission Expires:		MUFFICES, FIEDRA MY COMMISSION # DD 1268 EXPRES; Ame 17, 2006	348 MAYE
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