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To:

Division of Corporations

Fax Number : (850) 205-0383

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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

mirasol 3202 llc

Certificate of Status	0
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Page Count	03
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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

MIRASOL 3202 LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the Limited Liability Company shall: MIRASOL 3202 LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 9930 NW 21st STREET, DORAL, FL 33172

ARTICLE IV

The name and address of the Managing Member(s) of this company:

Managing Member

MIRNA CARRION

9930 N.W. 21st STREET
MIAMI, FL 33172

Managing Member

OSCAR CARRION

6949 N.W. 107th COURT
MIAMI, FL 33178

ARTICLE V

The name and the Florida street address of the registered agent: CABANAS & ASSOCIATES, P.A., 10520 NW 26 STREET, C-201, DORAL, FL 33172

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

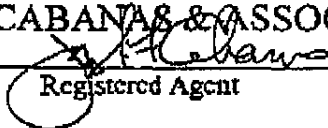
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

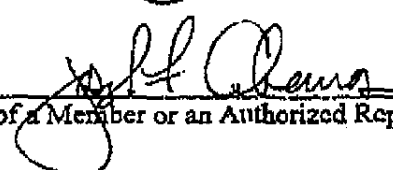
MIRASOL 3202 LLC

(Name of Company)

Having been named as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in the Articles of Organization, 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.

CABANAS & ASSOCIATES, P.A.


Registered Agent


Signature of a Member or an Authorized Representative of a Member

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

JOSEPH F. CABANAS

Typed or Printed Name of Signee

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