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Florida Department of State
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

M. HODGES

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

MCM GOLFVIEW, LLC.

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF

MCM GOLFVIEW, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

MCM GOLFVIEW, LLC.

ARTICLE II - ADDRESS

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

**600 BRICKELL AVE SUITE # 503
MIAMI, FL. 33131**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

FERNANDO MAZZONI

600 BRICKELL AVE SUITE # 503

Florida street address (P.O.BOX NOT acceptable)

MIAMI, FL. 33131
City, State, and Zip

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**BERRIZ & GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300**

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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 as provided for in Chapter 608, F.S..

REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

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

MARIA CRISTINA MAILHOS
600 BRICKELL AVE SUITE # 503
MIAMI, FL. 33131

MANAGER

IGNACIO MORIXE
600 BRICKELL AVE SUITE # 503
MIAMI, FL. 33131

MANAGER

FEDERICO MORIXE
600 BRICKELL AVE SUITE # 503
MIAMI, FL. 33131

MANAGER

JOAQUIN MORIXE
600 BRICKELL AVE SUITE # 503
MIAMI, FL. 33131

MANAGER

(An additional article must be added if an effective date is requested)

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.)

FERNANDO MAZZONI

Typed or printed name of signee

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