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Florida Department of State  
Division of Corporations  
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

1102-2401 collins avenue llc

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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EXAMINER

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**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME**

The name of the Limited Liability Company is 1102-2401 COLLINS AVENUE LLC.

**ARTICLE II - ADDRESS**

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

298 WEST MASHTA DRIVE  
KEY BISCAVNE, FL 33149

**ARTICLE III MANAGEMENT**

The Limited Liability Company is to be managed by the members and the names and addresses of the Managing Members are:

RAUL RAVELO  
298 WEST MASHTA DRIVE  
KEY BISCAVNE, FL 33149

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**ARTICLE IV- MEMBERS RIGHTS TO CONTINUE BUSINESS**

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 the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall by unanimous consent of all the members.

**ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall by unanimous consent of the members.

**ARTICLE VI - DURATION**

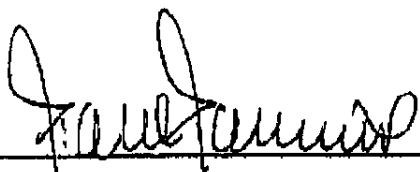
The period of duration for the Limited Liability Company shall be until July 20, 2048.

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#### ARTICLE VII - MEMBERSHIP CONTRIBUTION

The undersigned member or authorized representative of 1102-2401 COLLINS AVENUE LLC.  
Deposes and says:

1. the above named limited liability company has at least two members;
2. the total amount of cash contributed by the member(s) is \$1,000.00;
3. if any, the agreed value of property other than cash contributed by member(s) is \$0. A description of the property is attached and made a part hereto.
4. the total amount of cash or property anticipated to be contributed by member(s) is \$1,000. This total includes amounts from 2 and 3 above.



Signature of member authorized or 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.)

NAME: RAUL RAVELO

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

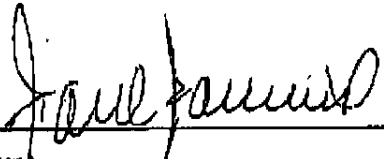
PURSUANT TO THE PROVISIONS OF CHAPTER 608, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is 1102-2401 COLLINS AVENUE LLC.
2. The name and address of the registered agent and office is:

RAUL RAVELO  
298 WEST MASHTA DRIVE  
KEY BISCAVNE, FL 33149

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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.

  
\_\_\_\_\_  
Signature

6-4-08  
\_\_\_\_\_  
Date

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