Division of Corporations

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I of I

To:

Division of Corporations

: (850)205-0383 Fax Number

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone

: (305) 634-3694

Fax Number

: (305)633-9696

LIMITED LIABILITY COMPANY

hif development, l.l.c.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF HIF DEVELOPMENT, L.L.C.

ARTICLE I Name:

The name of the Limited Liability Company is:

HIF DEVELOPMENT, L.L.C.

ARTICLE II Address:

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

18851 NE 29th Avenue, Ste 900 Aventura, FL 33180

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Fiorida Street Address of the registered agent are:

Leonardo A. Roth, Esq. Roth, Rousso & Darrach, P.A. 18851 NE 29th Avenue, Ste 900 Aventura, FL 33180

Having been named as registared agent and to accept service of process for the above stated timited liability company at the piece designated in this cartificate. I hereby accept the appointment as registered agent and agree to set in this capacity. I further agree to conjudy 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 any position as registered agent as provided for in Chapter 648. F.S.

Registered Agents's Signature

ARTICLE IV Management: (Check box if applicable)

x The Limited Liability Company is to be managed by the members and the name and address of the managing members are:

Ruben Santurian: 18851 NE 29th Avenue, Ste 900, Aventura, FL 33180

Fernando Horigian: 18851 NE 29th Avenue, Ste 900, Aventura, FL 33180

3. Takis Mitropoulos: 18851 NE 24 Avenue, Ste 900, Aventura, FL 33180

4. Valeria Seminara: 18851 NF 2 Avenue, Ste 900, Aventura, FL 33180

Signature

(In accordance with section 608,408 (3), Florida Simutes, the execution of this document constitutes an offirmation under the possition of perjury that the first stated faction are true)

Typed or printed name of signee

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