

L010000018432

Number

10/24/01 Adriane

Humberto Ocariz

Requestor's Name

999 Force de Icon Blvd. #1045

Address

Coral Gables, FL 33114

City

State

ZIP

Phone

444-8288

VALIDATION ONLY

01 OCT 25 AM 10:30
RECEIVED
DIVISION OF CORPORATE AFFAIRS
TALLAHASSEE, FLORIDA

200004052742--8
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****125.00 ****125.00

CORPORATION(S) NAME

Globe construction Management
Company, LLC



Empire Toll Free: 1-800-432-3028

- | | | |
|--|--|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other <i>CCC</i> |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> After 4:30 |
| | | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CR2E031 (R8-85)

10-25-01
10-25-01

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

ARTICLE I – Name:

The name of the Limited Liability Company is:

Globe Construction Management Company, LLC

ARTICLE II – Address:

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

999 Ponce de Leon Blvd., Suite #1045
Coral Gables, FL 33134

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's
Signature:**

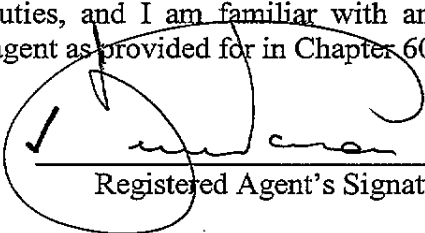
The name and the Florida street address of the registered agent are:

Ricardo Santana
Name

999 Ponce de Leon Blvd., Suite 1045
Florida street address (P.O. Box NOT acceptable)

Coral Gables, FL 33134
City, State, and Zip

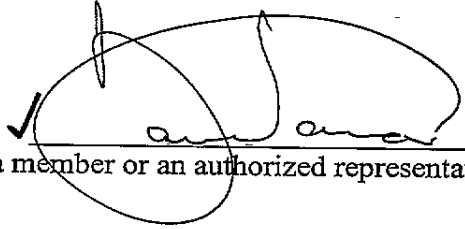
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

01 OCT 27 2010 30
SECRETARY OF STATE
AND
CLERK
OF THE
SUPREME COURT
OF THE
STATE OF FLORIDA

ARTICLE IV – Management (Check box if applicable.)

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

A handwritten signature in black ink, appearing to read "Ricardo Santana", is written over a horizontal line. A checkmark is visible to the left of the signature.

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.)

Ricardo Santana
Typed or printed name of signee

NOTED
AND
FILED

01 OCT 25 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA