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

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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TALLAHASSEE, FLORIDA
01 DEC 20

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01 DEC 20 2:10:51

LIMITED LIABILITY COMPANY

CARLOS L. ABRAIRA, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

**ARTICLES OF ORGANIZATION OF
LIMITED LIABILITY COMPANY
CARLOS L. ABRAIRA, L.L.C.**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I Name:

The name of the Limited Liability Company is: CARLOS L. ABRAIRA, L.L.C., hereafter referred to as the "Company".

ARTICLE II Address:

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

7100 West 20th Ave.
Suite 412, Palmetto Med Plaza
Hialeah, FL 33016

**ARTICLE III - Registered Agent, Registered Office,
& Registered Agent's Signature**

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

Anabelle Abaira
7100 West 20th Ave.
Suite 412, Palmetto Med Plaza
Hialeah, FL 33016

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 in Chapter 608, F.S.



Anabelle Abaira

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Article IV - Management

The limited liability company is to be managed by one or more managers and is, therefore, a manager-managed company.

V. Effective Date

The effective date of the Company is December 19, 2001.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this December 19, 2001.



CARLOS L. ABRAIRA

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

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**CERTIFICATE DESIGNATING DOMICILE FOR THE SERVICE OF PROCESS
WITHIN THE STATE OF FLORIDA NAMING AGENT WHO PROCESS MAY
BE SERVED**

In pursuance of Chapter 48,091, Florida Statutes, the following is submitted, in
Compliance with said act:

First - That **GRAND ENTERPRISES, INC.**

Qualified to do business under the laws of the State of Florida with its principal

Office at: 87 NW 100TH STREET

MIAMI SHORES, FL 33150

Has appointed: **LEONARDO HERNANDEZ**

87 NW 100TH STREET

MIAMI SHORES, FL 33150

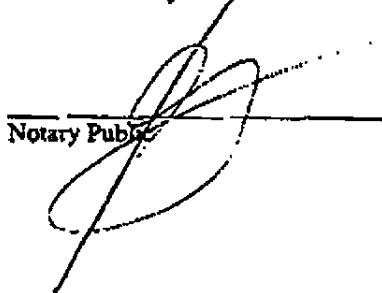
as its agent to accept service of process within this State.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated Corporation
At place designated in this Certificate, I hereby accept to act in this capacity, and
agree to comply with the provisions of said Act, relative to keeping open said
office.


LEONARDO HERNANDEZ

Sworn to and subscribed before me,
This 19TH day of DECEMBER 2001


Notary Public

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TALLAHASSEE, FLORIDA

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