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Florida Department of State

Division of Corporations

Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

LIMITED LIABILITY COMPANY

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

APTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BAY YARD LC

Article II - Address:

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

8041 NE Boyshore Ct. Miami Pl 33138

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

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

Aluxen Range

Miami FL- 33172

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 fam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

ARTICLE IV - Management / Members

The name(s) and address(es):

" 1203 NW 9318 ct. Mia-CL-33172 DIANA RANGEL 12310 SW 148 tr. Mia FC 33186

Maria Pilar Gaviria 1203 NW 93rd ct Miami FL 33172 Hans Blumenthal 1203 NW 93rd Ct. Hiami FL 33172

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ARTICLE V - Management (Check box if applicable.)

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

(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.)

Typed or printed name of signes

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SECRETARY OF STATE