L020000 13094

Justin Schaefer

May 14, 2002

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

000005555120--4 -05/16/02--01053--007 ****125.00 ****125.00

Dear Sir or Madam:

Enclosed please find the Articles of Organization for Florida Limited Liability Company for "Chaves Parlade LLC." Also enclosed is a check payable to the Florida Department of State for \$125.00 to cover filing fees relating to the Articles of Organization and the designation of a Registered Agent.

Please send the letter of acknowledgment to the following:

Justin Schaefer 730 NE 71st Street Miami, FL 33138

Thank you very much for your assistance.

Sincerely,

Justin Schaefer Registered Agent

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SECRETARY OF STATE

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 21, 2002

JUSTIN SCHAEFER 730 NE 71ST STREET MIAMI, FL 33138

SUBJECT: CHAVES PARLADE LLC

Ref. Number: W02000014787

We have received your document for CHAVES PARLADE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 102A00032666

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Chaves Parlade LLC

ARTICLE II - Address:

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

730 NE 71st Street Miami, FL 33138

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

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

| Justin Schaefer Name | | | | | | | | | |
|----------------------|---------|-----------|----------|--------|---------------|--|--|--|--|
| 730 | NE | 71st | Str | eet | | | | | |
| Florid | a stree | t address | (P.O. I | 30x NC | T acceptable) | | | | |
| Miami | | | | FL | 33138 | | | | |
| | | City. S | state, a | nd 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

| Article IV | - Management | (Chec | k hox | if applicable. | ì |
|--------------|---------------|-------|-------|----------------|---|
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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 it an effective date is requested)

Signature of a member or an authorized representative of a member.

On 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.)

Jaime Parlade.

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)