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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : JOSEPH M. BALOCCO, P.A.

Account Number : 120000000147 Phone : (954)764-0005

Fax Number : (954) 764-1478

LIMITED LIABILITY COMPANY

MIDDLE RIVER DEVELOPMENT, LLC

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### ARTICLES OF ORGANIZATION OF MIDDLE RIVER DEVELOPMENT, LLC

#### ARTICLE I - NAME:

The name of the Limited Liability Company is: MIDDLE RIVER DEVELOPMENT, LLC

#### ARTICLE II - ADDRESS:

The mailing address and the street address of the principal office of the Limited Liability Company is 1290 Weston Road, Suite 218, Weston, FL 33316.

#### **ARTICLE III - DURATION:**

The period of duration for the Limited Liability Company shall be perpetual.

#### **ARTICLE IV- MANAGEMENT:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Name <u>Address</u>

Alejandro Sanchez 2889 McFarlane Road, #914 Coconut Grove, FL 33133

Oscar Bernal 1290 Weston Road, Suite 218 Weston, FL 33326 SECRETARY OF STATE
DIVISION OF CORPORATIONS

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#### ARTICLE Y - ADMISSION OF ADDITIONAL MEMBERS:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be conditioned upon the unanimous consent of the members.

#### ARTICLE VI - MEMBERS' RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be conditioned upon the unanimous consent of the remaining members.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this ZI day of \_\_\_\_\_\_\_\_, 2002.

signature of a pleffiber or an authorized

representative of a member

(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.)

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: MIDDLE RIVER DEVELOPMENT, LLC
- The name and the Florida street address of the registered agent are:

Joseph M. Balocco, P.A. 1323 SE 3 Avenue Fort Lauderdale, FL 33316

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

Signature

SECRETARY OF STATE DIVISION OF CORPORATIONS

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