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To:

Division of Corporations

Fax Number

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From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694

Phone Fax Number

: (305)633-9696

LIMITED LIABILITY COMPANY

professional property management of miami, llc

Certificate of Status	О
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR

PROPESSIONAL PROPERTY MANAGEMENT OF MIAMI, LLC A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is:

PROFESSIONAL PROPERTY MANAGEMENT OF MIAMI, LLC

ARTICLE II - ADDRESS:

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

1390 Brickell Avenue, Suite 200 Miami, Florida 33131

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 a manager, for managers until the first annual meeting of the members or until their names are elected and qualify and the name(s) and Address(es) of such manager(s) who is/are:

PROFESSIONAL ASSET MANAGEMENT OF MIAMI, INC.

C/O: 1390 Brickell Avenue, Suite 200 Miami, Florida 33131

This Instrument Prepared By:

Alvaro Castillo B., Esq. 1390 Grickell Avenue, Suita 200 Miaml, Florida 33131 (305) 371-5540 Florida Bar No. 521761

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ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be by (i) unanimous resolution and consent of the remaining members under the same terms and conditions as set forth from time to time by the remaining members and by (ii) filing a supplemental affidavit of capital contributions with Department of State, State of Florida setting forth the actual contributions of all 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 membership of a member in the limited liability company shall be as set forth in a unanimous resolution and consent of the remaining members and in the event there are less than two members or in the event the remaining members do not reach a unanimous resolution with the determination of a membership of a member within 15 days from said termination, the limited liability company shall be dissolved.

The UNDERSIGNED Member or Authorized Representative, for the purpose of forming a Unmitted Liability Company to do business within the State of Blorida, does make and file these Articles of Organization, hereby declaring and certifying that the facts stated are true.

MANAGING MEMBER: Professional Asset Management of Mismi, Inc.

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ALBJANDRO ABALLAL, President

STATE OF FLORIDA

COUNTY OF DADE

BE IT REMEMBERED that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgements, ALEJANDRO ABASCAL personally appeared to me known to be the person described in the foregoing Articles of Organization, and he acknowledged before me that he executed said Articles of Organization.

NOTARY PUBLIC COMMISSION EXPIRES: A ... - RO CABTILLO

THE STATE OF FINISH OF FINISH

AND COMPANY OF DOC 15, 2004

COMPANY OF THE CABTILLO

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CERTIFICATE OF DESIGNATION OF REGISTER AGENT/REGISTER OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTER AGENT, THE STATE OF FLORIDA.

The name of the limited liability company is:

PROFESSIONAL PROPERTY HANAGEMENT OF MIAMI, LLC

2. The name and address of the registered agent and office is:

ALVARO CASTILLO B., P.A. 1390 Brickell Avenue Suite 200 Miami, Florida 33131

DIVISION OF CORPORATIONS

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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 AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTER AGENT.

SIGNATURE

11-23.02

DATE

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