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(City/State/Zip/Phone #)

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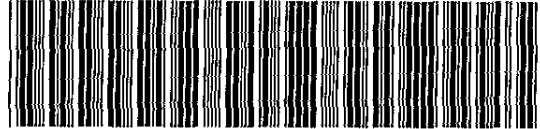
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MORTON H. SILVER

*Attorney at Law*

P.O. Box 591410  
International Airport Br  
Miami Florida 33159  
Ph: (305) 871-8030  
Fax (305) 245-8580

February 17, 2003

Hon. J. Kassees  
Directors Office  
Secretary of State  
409 East Gaines Street  
Tallahassee, Florida 32301

Privileged & Confidential

In re: Registration of SILKEY, LLC

Dear Mr. Kassees:

In reference to the captioned LLC, please find enclosed herewith the following:

1. Original and an executed copy of the Articles of Incorporation
2. A check made payable to the Division of Corporations the sum of \$155.00 for the following:

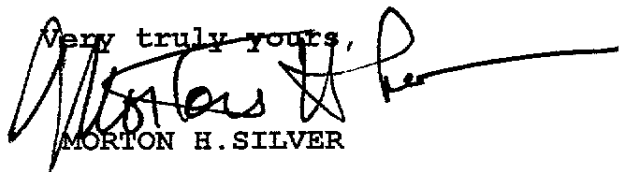
|   |                |
|---|----------------|
| Filing Fee                                    | \$100.00       |
| Certified copy of<br>Articles of Organization | \$30.00        |
| Registered Agent<br>Designation               | <u>\$25.00</u> |
| TOTAL   | \$155.00       |

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Please return to the undersigned a certified copy of the Articles of Incorporation in the envelope enclosed for your convenience.

Thank you very much.

Very truly yours,

  
MORTON H. SILVER

MHS:gn  
encl.  
Sent priority mail

**ARTICLES OF ORGANIZATION  
OF  
SILKEY, LLC**

The undersigned certify that we have associated ourselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. We further declare that the following Articles shall serve as the Charter and authority for the conduct of business of the limited liability company.

**ARTICLE I  
NAME AND PRINCIPAL OFFICE**

The name of the limited liability company shall be SILKEY, LLC and its principal office shall be located at 7220 N.W. 36 Street, Suite 530, Miami, Florida 33166 which shall comprise its street and mailing address, but shall have the power and authority to establish branch offices at any other place or places as the members may designate.

**ARTICLE II  
PURPOSES AND POWERS**

In addition to the powers authorized by the laws of the State of Florida for limited liability companies, the general nature of the business or businesses to be transacted, and which the limited liability company is authorized to transact, shall be as follows:

1. To engage in any activity or business authorized under the Florida Statutes.
2. In general, to carry on any and all incidental business; to have, and exercise all the powers conferred by the laws of the State of Florida, and to do any and all things set forth in these Articles to the same extent as a natural person might or could do.

**ARTICLE III  
EXERCISE OF POWERS**

All limited liability company powers shall be exercised by or under the authority of, and the business and affairs of this limited liability company shall be managed under the direction of, the members of this limited liability company. This Article may be amended from time to time in the regulations of the limited liability company by a unanimous vote of the members of the limited liability company.

**ARTICLE IV**  
**MANAGEMENT**

This limited liability company shall be managed by one member whose title shall be "Managing Member". The name and address of the person who shall serve until his successor (is elected and qualified) is as follows: Matias Rey, 7220 N.W. 36 Street, Suite 530, Miami, Florida 33166.

**ARTICLE V**  
**MEMBERSHIP RESTRICTIONS**

1. No person may be admitted as a member unless a majority-in-interest of the member consent in writing to the admission of the additional member.
2. A member's interest in the limited liability company may not be sold or otherwise transferred except with written consent of a majority of interest of members.
3. On the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the limited liability company, the remaining members shall have the right to continue the business on the consent of a majority in interest of the remaining members.

**ARTICLE VI**  
**INITIAL REGISTERED AGENT**

The initial registered agent shall be Morton H. Silver whose street address is 24000 Tennessee Road, Homestead, Florida 33031.

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The undersigned being the original members of the limited liability company, certify that this instrument constitutes the proposed Articles of Organization of SILKEY, LLC.

Executed by the undersigned on this 17<sup>th</sup> day of February; 2003.

  
MATIAS REY

  
STELLA REY

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**STATEMENT DESIGNATING REGISTERED AGENT  
OF  
SILKEY, LLC**

State of Florida                    )ss  
County of Miami-Dade            )

Pursuant to the provisions of Sections 608.415 and 608.407(1) (c) of the Florida Limited Liability Company Act, the Limited Liability Company identified below submits the following statement designating its registered office and registered agent in the State of Florida:

1. The name of the limited liability company is Silkey, LLC.
2. The name of the registered agent of Silkey, LLC is Morton H. Silver and the street address of the company's principal office where the agent is located is 24000 Tennessee Road, Homestead, Florida 33031.
3. This statement is to acknowledge that, as indicated above, Silkey, LLC appointed me, Morton H. Silver as its registered agent to accept service of process for the company at the place designated above in this certificate. I accept this 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.

Dated: February 17, 2003

  
MORTON H. SILVER  
REGISTERED AGENT

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CLERK OF  
CORPORATIONS  
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The foregoing instrument was acknowledged before me this 17 day of February 2003 by Morton H. Silver, as registered agent on behalf of Silkey, LLC, a limited liability company. He is personally known to me or has produced his driver's license as identification.

  
\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:

