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JAVISION OF CORPORATIONS

OR APR 23 PH 1: 47

FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Enclosed is an original and one copy of the articles of organization and a cheek for Filing fee \$100. =
Registered agent \$25. =
Total \$125. = Virginia Domin

> P.O. Box 190924 Miami Beach, FL 33119-0924

ph # 305-534-9090



Secretary of State

April 16, 2003

VIRGINIA DOMINGUEZ PO BOX 190924 MIAMI BEACH, FL 33119-0924

SUBJECT: SOUTH BEACH GEM, LC

Ref. Number: W03000010886

We have received your document for SOUTH BEACH GEM, LC 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 articles must include the signature of a member or authorized representative, with the language shown below that signature as it appears on our form. Please either use our blank form, or add that language and signature to your form.

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 403A00022862

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: South Beach Ge	em,LC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability C. POBOX 190924 Miamu Beach, FL 3311	19-0924
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu	are:
The name and the Florida street address of the registered agent are: **Disagramma Domingues** Name Name Name Name Name	
Florida street address (P.O. Box NOT acceptable) Mame Beach FL 33139 City, State, and Zip	
Having been named as registered agent and to accept service of process for the above st liability company at the place designated in this certificate, I hereby accept the appointn registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familian accept the obligations of my position as registered agent as provided for in Chapter 608 Registered Agent's Signature	nent as ovisions of all r with and
(An additional article must be added if an effective date is requested) Luis Signature of a member or an authorized representative of a member.	Y OF STATE CORPORATION
(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.)	٦ - - -
Typed or printed name of signee	Total Annual Control
Typed of printed name by 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)