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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0363

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

03 JUN -6 AM 11: 22
SECRETARY OF STATE
PAUL AHASSEE, FLORIDA
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LIMITED LIABILITY COMPANY

3060 indiana, llc

RECEIVED
03 JUN -6 AM 10: 15
DIVISION OF CORPORATION

Certificate of Status	0
Certified Copy	1
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10-6-03

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ARTICLES OF ORGANIZATION

3

FOR

3060 INDIANA, LLC

ARTICLE I - NAME:

The name of this Limited Liability Company ("Company") shall be:

3060 INDIANA, LLC

ARTICLE I. - ADDRESS

The mailing address and street address of the principal office of the Company is:
2901 SW 8 Street, Suite 204, Miami, Florida 33135.

ARTICLE II - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE III - MANAGEMENT

The Company is to be managed by: a manager or managers and the name(s) and address of such manager is:

Luis R. Boschetti
2901 SW 8 Street, Suite 204
Miami, Florida 33135

Signature of a member 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.)

SECRETARY OF STATE
FIDELMASSEET, FLORIDA

03 JUN - 6 AM 11:22

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AND
FILED

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HUGUON 8499

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:

3060 INDIANA, LLC

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


LUIS R. BOSCHETTI
NAME

2901 SW 8 Street, Suite 204

Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33135
CITY, STATE AND 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.



SIGNATURE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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