Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

irom: Majel

gie Calabrelle Name : Akerman, senterfitt & eidson, p.A.

Account Number

: 075471001363

Phone

(305)374-5600

Fax Number

: (305)374-5095

LIMITED LIABILITY COMPANY

GULA MIAMI SHORES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

\$100

JIVISION OF CORPORATION

FAX AUDIT No. H03000249144

ARTICLES OF ORGANIZATION FOR GULA MIAMI SHORES, LLC

Name

The name of the Limited Liability Company is: GULA MIAMI SHORES, LLC.

Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 5810 Miami Lakes Dr., Miami Lakes, FL 33014.

Registered Agent, Registered Office, & Registered Agent's Signature:

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

American Information Services, Inc.
One S.E. 3rd Avenue
28th Floor
Miami, FL 33131

Having been named as registered agent and to accept service of process for the above stated limited llability 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 as provided for in Chapter 608, F.S.

Angelica M. Calabrese, Assistant Secretary
Registered Agent's Signature

Signed and dated this 7th day of August, 2003.

Authorized Representative of a Member

FAX AUDIT No. H03000249144