

**L030000035895**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**LIMITED LIABILITY COMPANY**

**ISLANDER MARKETPLACE, LLC**

Certificate of Status	0
Certified Copy	0
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9-22-03

**ARTICLES OF INCORPORATION FOR FLORIDA LIMITED LIABILITY  
COMPANY OF  
ISLANDER MARKETPLACE, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**ISLANDER MARKETPLACE, LLC**

**ARTICLE II - ADDRESS**

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

**851 BRICKELL KEY DRIVE  
MIAMI, FL 33131**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE**

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

**Joao L. Carvalho  
888 Brickell Key Drive, Apt 2402  
Miami, FL 33131**

Having been named as registered agent and to accept service of process for the above named limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this full 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.

  
\_\_\_\_\_  
Registered Agent's Signature

SECRETARY OF STATE  
OFFICE OF ASSISTANT SECRETARY  
TALLAHASSEE, FLORIDA


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APPROVED  
AND  
FILED

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

Joao L. Carvalho  
888 Brickell Key Drive, Apt 2402  
Miami, FL 33121



Signature of a member or an authorized representative of a member.

(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.)

Joao L. Carvalho

Typed or printed name of signee

03 SEP 22 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED