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To:

Division of Corporations

: (850)205-0383 Fax Number

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Phone Fax Number : (305)633~9696

## LIMITED LIABILITY COMPANY

## GROVE DEVELOPERS, LLC

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ARTICLES OF ORGANIZATION

#### FOR

#### GROVE DEVELOPERS, LLC

#### ARTICLE L - NAME:

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

GROVE DEVELOPERS, LLC

#### ARTICLE IL - 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 IIL - DURATION

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

#### ARTICLE IV. - 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

and

Fadi Bahri

2665 South Bayshore Drive Suite 609

Miami, Florida 33133

ARTICLE V. - ADMISSION OF ADDITIONAL MEMBERS

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The right of the members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time and upon such terms and conditions as shall be determined by a unanimous vote of the holders of all of the Membership Interests.

### ARTICLE VI. - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right of the members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continual membership of a member in the Company shall be: determined by a unanimous vote of the remaining holders of all of the Membership Interests to continue to conduct the business of the Company under the Company's name.

Signature of a member or an anthorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an afformation under the penalties of perjury that the facts stated herein are true.)

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P. 04 LATOT

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# CERTIFICATE OF DESIGNATION OF RECISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

GROVE DEVELOPERS, LLC

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

LUIS R. BOSCHETTI

2901 SW 8 Street, Stife 204
Florida street address (P.O. HOX NOT ACCEPTABLE)

Mizmi, Florida 33135

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 a at In this capacity. I further a gree to comply with the provisions of a listatutes relating to the proper and complete performance of my duties, and I um familiar with and accept the obligations of my position as registered agent.

SIGNATURE

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