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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

PRIME GROUP DEVELOPER LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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10-20-03

ARTICLES OF ORGANIZATION FOR

A Florida Limited Liability Company

ARTICLE I
NAME

The name of the Limited Liability Company is: PRIME GROUP DEVELOPER LLC

ARTICLE II
ADDRESS

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

Street Address: 3899 NW 7th St., Suite #203
Miami FL 33126

MAILING ADDRESS: 17150 Collins Ave., Suite #101-301
Sunny Isles FL 33160

ARTICLE III
MANAGEMENT

The Limited Liability Company is a manager-managed company to be managed by one or more managers.

JOSE SAFDIE, MANAGER

ARTICLE IV
MEMBERS

The names of the initial members are as follows:

JOSE SAFDIE	50%
DOLIA C. GONZALEZ	50%

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ARTICLE V
ADMISSION OF NEW MEMBERS

The members shall not have the right to admit new members to the Limited Liability Company. New members may come into the Limited Liability Company only upon the unanimous written agreement of all of then members of the Limited Liability Company.

Date this 20 day of October, 2003


Member JOSE SAEDRA

(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 states herein are true.)

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 states herein are true.)

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(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 states herein are true.)

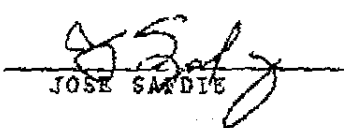
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ARTICLE VI
REGISTERED AGENT AND REGISTERED OFFICE

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

JOSE SAFDIE
3899 NW 7th Street., Suite #203
Miami FL 33126

Having been named as registered agent and to accept services 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 a registered agent, as provided for in Chapter 608, Florida Statutes.


JOSE SAFDIE

Date

AM
FM
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