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

03 DEC -9 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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DIVISION OF CORPORATION

RECEIVED

LIMITED LIABILITY COMPANY

nob hill rb-gem, llc

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

12-9B

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nob Hill RB-GEM, LLC**ARTICLE II - Address:**

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

Principal Office Address:9141 S.W. 73rd StreetMiami, Florida 33173**Mailing Address:**9141 S.W. 73rd StreetMiami, Florida 33173**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Maria Fernandez-Valls

Name

10570 N.W. 27th Street, Unit 103

Florida street address

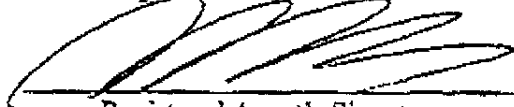
Miami, Florida 33172

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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 as provided for in Chapter 608, Florida Statutes.



Registered Agent's Signature

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ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRRB-GEM Management, LLC9141 S.W. 73rd StreetMiami, Florida 33173

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:
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.)

Maria Fernandez-Valle

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED**Filing Fees:**

\$100.00 Filing fee for Article of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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