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

From:
Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.
Account Number : 076624003440
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LIMITED LIABILITY COMPANY
FOUR SEASONS HOLDINGS, LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION
OF
FOUR SEASONS HOLDINGS, LLC.

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I
NAME

The name of this Limited Liability Company is: FOUR SEASONS HOLDINGS, LLC.

ARTICLE II
GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III
TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV
ADDRESS

The principal office and mailing address of this Limited Liability Company in the State of Florida is 6800 S.W. 40th Street, Unit # 321, Miami, FL 33155. The Board of Managers may from time to time move the principal office to another address in Florida.

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ARTICLE V
REGISTERED OFFICE, REGISTERED AGENT

That FOUR SEASONS HOLDINGS, LLC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA, P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

ARTICLE VI
MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The Initial Manager shall be SALVADOR CAMPOS of 6800 S.W. 40th Street, Unit # 321, Miami, FL 33155.

WITNESS the hand and seal of the members in Miami-Dade County, State of Florida, this 29th day of ~~November~~ December, 2003.


SALVADOR CAMPOS
Manager & Member

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

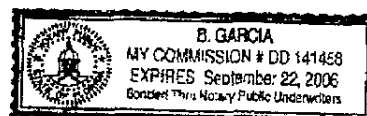
PERSONALLY appeared before me, SALVADOR CAMPOS, who produced _____ as identification, or is personally known to me, to be the Member of the foregoing Articles of FOUR SEASONS HOLDINGS, LLC., who being by me first duly sworn, acknowledge that he signed the same for the purposes therein expressed.

WITNESS my hand and seal at Miami-Dade County, Florida this 19th day of December, 2003.


NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My commission expires:

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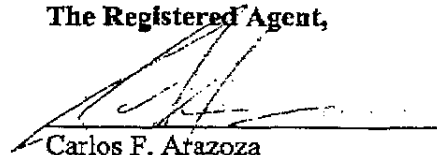
CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That FOUR SEASONS HOLDINGS, LLC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, has named ARAZOZA & FERNANDEZ-FRAGA, P.A, as its Agent, of 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134, to accept service of process within Florida.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

The Registered Agent,



Carlos F. Arazoza

Managing Director

Arazoza & Fernandez-Fraga, P.A.

Date: December 23, 2003

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