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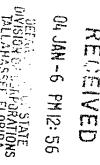
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ACCOUNT NO. : 072100000032 REFERENCE: 372138 81793A **AUTHORIZATION:** COST LIMIT : ORDER DATE: December 22, 2003 ORDER TIME : 11:51 AM ORDER NO. : 372138-005 CUSTOMER NO: 81793A CUSTOMER: Ms. Denise Johnson Becker & Poliakoff, P.a. Suite 100 5201 Blue Lagoon Drive Miami, FL 33126 DOMESTIC FILING NAME: BLACK GRANITE, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX____ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



A D	TY	a i	\mathbf{r}	Y_	Name:
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The name of the Limited Liability Company is:

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## ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
C/O BECKER & POLIAKOFF, P.A.	samb
ATTN: JULIO BARBOSA 5201 BLUE LAGOON DR.SUITE 100	
MIAMI, FL 19126	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

BECKER & FOLIAKOF	F, P.A.	
Name		
S201 BLUE LAGOON	DR, SPITE 100	
Florida strem addre	ess (P.O. Box NOT seceptable)	
MIRMI _	FLORIDA 33126	
Civ.	State, and Zip	

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..

By: Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" ~ Manager "MGRM" - Managing Member MGR CLYNDID NYCHD RUTA 2, KM 145.5, NUEVA HELVETIA COLONIA, URUGUAY (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: etherhere Signature of a admbor or an authorized representative of a member. (In accordance with section 608,408(3), Florida Surutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) PHERONS

Filing Foest

\$100.08 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

Typed or printed name of signes