

L04 00000010/38

Florida Department of State
Division of Corporations
Public Access System

3031-7

Electronic Filing Cover Sheet

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(((H04000015762 3)))

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To:

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

From:

Account Name : HILL, WARD & HENDERSON, P.A. II
Account Number : 072100000520
Phone : (813) 221-3900
Fax Number : (813) 221-2900

RECEIVED
04 JAN 23 AM 8:16
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Imeda Strategies, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

04 JAN 23 PM 12:10
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DIVISION OF CORPORATION

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1-23-04

(((H04000015762 3)))

ARTICLES OF ORGANIZATION**OF****IMEDA STRATEGIES, LLC**

The undersigned executes these Articles of Organization of IMEDA STRATEGIES, LLC to form a limited liability company pursuant to the Florida Limited Liability Company Act:

ARTICLE I. NAME

The name of the limited liability company is: IMEDA STRATEGIES, LLC

ARTICLE II. ADDRESS

The mailing and street address of the principal office of the limited liability company is 6102 Chene Court, Lutz, Florida 33549.

ARTICLE III. REGISTERED AGENT AND OFFICE

The street address of the initial registered office of the limited liability company is 6102 Chene Court, Lutz, Florida 33549, and the name of the Company's initial registered agent at that address is Penny Garbus.

Having been named 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.


Penny Garbus**ARTICLE IV. MANAGEMENT OF COMPANY**

The limited liability company is to be a manager-managed company.

EXECUTED: January 22, 2004


Penny Garbus

Authorized Representative of Member

04 JAN 29 11:23 AM
SECRETARY
ITALIAHASCETI, LLC

(((H04000015762 3)))

L04000000 6135

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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

DIVISION OF CORPORATION

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LIMITED LIABILITY COMPANY

BISCAYNE 30 LLC

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

ELECTRONIC FILING
CALL ASSISTANCE 1-800-352-6800

04 JAN 23 P.M.

F-23-04

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H 04000015900

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

BISCAYNE 30 LLC

ARTICLE II - Address:

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

Principal Office Address:

1492 S. MIAMI AVENUE

SUITE 202-A

MIAMI, FLORIDA 33130

Mailing Address:

1492 S. MIAMI AVENUE

SUITE 202-A

MIAMI, FLORIDA 33130

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

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

JAVIER CERVERA

Name

1492 S. MIAMI AVE. SUITE 202-A

Florida street address (P.O. Box NOT acceptable)

MIAMI

FLORIDA 33130

City, 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..

[Signature]
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:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	JAVIER CERVERA
	1492 S. MIAMI AVE. SUITE 202-A
	MIAMI, FLORIDA 33130

(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.)
JAVIER CERVERA

Typed or printed name of signee

04 JAN 23 PM 16:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- Filing Fees:**
- \$100.00 Filing Fee for Articles of Organization
 - \$ 25.00 Designation of Registered Agent
 - \$ 30.00 Certified Copy (Optional)
 - \$ 5.00 Certificate of Status (Optional)

H 0 4000 015 900