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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**  
**PATAGONIA VALLEY, LLC**

Certificate of Status	0
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DIVISION OF CORPORATIONS

JB  
3-12-04

ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY  
OF

Patagonia Valley, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I: Name

The name of the Limited Liability Company is: Patagonia Valley, LLC

ARTICLE II: Address

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

441 Lincoln Rd  
Miami Beach, FL 33139

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

1819 Pennsylvania Ave  
Miami Beach, FL 33139

ARTICLE III: Registered Agent

The name and the Florida Street address of the initial registered agent are:

Mr. Rene Rodriguez  
441 Lincoln Rd  
Miami Beach, FL 33139

*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: Managers(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>
MGRM	Fabiana Rodriguez 441 Lincoln Rd, Miami Beach, FL 33139
MGRM	Rene Rodriguez 441 Lincoln Rd, Miami Beach, FL 33139
MGRM	Maximiliano Palacios 441 Lincoln Rd, Miami Beach, FL 33139

  
\_\_\_\_\_  
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.)*

RENE RODRIGUEZ  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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