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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

APPROVED AND FILED
04 MAR 16 PM 12:20 RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAR 16 PM 2:56
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

andros properties, l.l.c.

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

Handwritten: 3-17-04

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Andros Properties, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1295 Coral Way

Miami, Florida 33145

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

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

George R. Phillips
Name

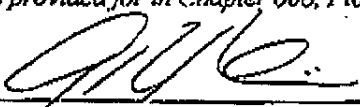
1295 Coral Way
Florida street address (P.O. Box NOT acceptable)

Miami FLORIDA 3145
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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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:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" - Manager	
"MGRM" - Managing Member	
<u>Managing Member</u>	George R. Phillips 8338 SW 182 Terrace Miami, Florida 33157
<u>Managing Member</u>	Ronald Medina 5025 SW 75 Street Miami, Florida 33143

(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.)

George R. Phillips
Typed or printed name of signer

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AND
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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)

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