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J. BRYAN MAR 1 7 2004

SIMMA TOMO: ORATING OFFICE USE ONLY(DOCUMENT #) LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy. Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment **NonProfit** Resignation of R.A., Officer/Director _ Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign = Fictitious Name Limited Partnership Name Reservation Reinstatement

Trademark

Examiner's Initials

Other

CR2E031(9/92)

ARTICLES OF ORGANIZATION FOR $F_{\underline{L}}^{\underline{L}}$ ORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liabilit	ty Company is: AAPCON, L.L.C.
ARTICI E II - Address: 7/7 The mail ng address and street ad	Ponce de Los Blud. Suite 230. Com Gables, FL 33134 didress of the principal office of the Limited Liability Company is:
ARTICFÆ III - Registered Age	ent, Registered Office, & Registered Agent's Signafare:
The name and the Florida street:	address of the registered agent are:
	ent, Registered Office, & Registered Agent's Signature: address of the registered agent are: Evelio Aleman Name 717 Ponce de Leon Blud. Su fe 230
FIG	Name 717 Ponce de Leon Blud. Su te 230 orida street address (P.O. Box NOT acceptable) Coral Bables FL 33134
, 	City, State, and Zip
liabi'ity company at the place des agent and agree to act in this cap relatiny to the proper and comple	agent and to accept service of process for the above stated limited signated in this certificate, I hereby accept the appointment as registered acity. I further agree to comply with the provisions of all statutes are performance of my duties, and I am familiar with and accept the stered agent as provided for in Chapter 608, F.S
	Registered Agent's Signature
	pany is to be nanaged by one manager or more managers and is,
717 Ponce	de Leon Blvd. Suite 230. Coront Grables, FL 33137 article must be added if an effective date is requested)
(An additional a	intere must be accept if an executive date is requested)
Signature of s	member or an authorized representative of a member.
of this docum	ce with section 608.408(3), Florida Statutes, the execution tent constitutes an affirmation under the penalties of perjury stated herein are true.)
	Typed or printed name of signee
	Filing Fees: \$100.00 Filing Fee for Articles of Organization 1. 15 00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)