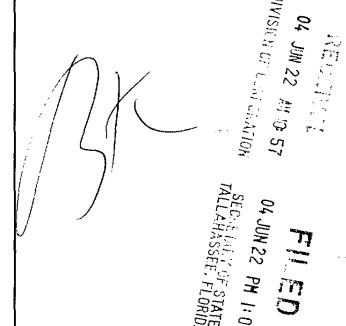
L04000046657

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cít	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





800030834508



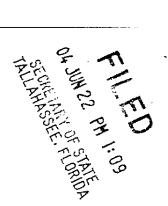


ACCOUNT NO. : 072100	00	07210	000032	2
----------------------	----	-------	--------	---

REFERENCE: 767865 7361995

	AUTHORIZATION :	ria Painte	Dr.
	COST LIMIT : \$ 125.0	00 7	
ORDER DATE	: June 22, 2004		
ORDER TIME	: 9:04 AM		
ORDER NO.	: 767865-005		
CUSTOMER NO	7361995	· · · · · · · · · · · · · · · · · · ·	
	Angel M. Garcia-oliver, Angel M. Garcia-oliver, Attorney At Law Suite 447 782 Nw 42nd Ave. Miami, FL 33126		
	DOMESTIC FILING		
NAME	: BAHAMAS BEECH, L.I	i.C	
XX ARTI	CLES OF ORGANIZATION		
PLEASE RETU	RN THE FOLLOWING AS PROC	OF OF FILING:	
XX PLA	IN STAMPED COPY	<u></u>	
CONTACT PERSON: Heather Chapman - EXT. 2908			

EXAMINER'S INITIALS:



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Li		ompany is:			
BAHAMAS BEECH	I, L.L.C.		··•·		
ARTICLE II - Ad The mailing addres		ss of the principal	office of the	e Limited Liability C	ompany is:
Principal Office A	ddress:		Mailing A	Address:	
782 N.W. Le J	eune Rd.				
Suite 447		<u></u>	**************************************		
Miami, Florid	la 33126				<u> </u>
ARTICLE III - Re The name and the I	Plorida street addr	•	ed agent are	ered Agent's Signati :	ire:
		Name			
	The second secon	Jeune Rd.,	·		
	Florida street	address (P.O. Box N	OT acceptable	e)	
	Miami,		ORIDA 33	126	
		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..

Registered Agent's Signature

Angel M. Garcia-Oliver, Esq.

gor m. deress onrow, mod

Page 1 of 2 (CONTINUED)

<u>Title:</u> "MGR" = I	Manager = Managing Member	Name and Address:
	gg	Consta Oldman s Madadani D B
MGR		Garcia-Oliver & Mainieri, P.A.
		782 N.W. Le Jeune Rd., Ste. 447 Miami, Florida 33126
		MIGHT, FIUTIGE 33140
(Use attach	nment if necessary)	
NOTE: A	n additional article must be	added if an effective date is requested.
REQUIRI	ED SIGNATURE:	•
	-ede	1
	Signature of a member or an a	uthorized representative of a member.
	(In accordance with section 608, of this document constitutes an a that the facts stated herein are tra	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury ac.)
	By: Angel M. Garcia-Ol	liver. Esq
		nted name of signes

ARTICLE IV- Manager(s) or Managing Member(s):

Filing Fees:
5100.00 Filing Fee for Articles of Organization
5 25.00 Designation of Registered Agent
5 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)