

L04000047792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

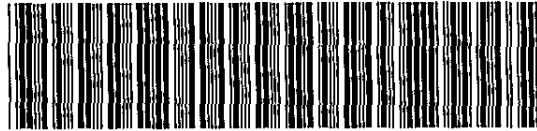
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED - 01025 010 **310.00

RECEIVED
04 JUN 25 10:12:42
STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 JUN 25 AM 10:57
STATE
TALLAHASSEE, FLORIDA

BR

04 JUN 25 PM 12:43
 FALLS STATE
 TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MIAMI CONDOMINIUM # 1, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in
 Pick up time _____
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

2 LLC
 Corp.
 1 check

FILED
04 JUN 25 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF**

MIAMI CONDOMINIUM # 1, LLC

ARTICLE I. NAME:

The name of the Limited Liability Company is: MIAMI CONDOMINIUM # 1, LLC

ARTICLE II. ADDRESS:

The mailing address and street address of the principal office of the Limited Liability
is 7570 N.W. 70 STREET
MIAMI FL 33166

ARTICLE III. REGISTERED OFFICE AND REGISTERED AGENT:

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

CHRISTIAN MARTIN
7570 N.W. 70 STREET
MIAMI FL 33166

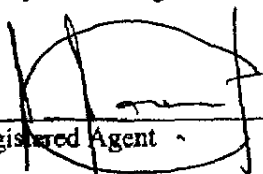
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate; I hereby accept the appointment as registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the property 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, F.S.

ARTICLE IV. MANAGEMENT OF THE ORGANIZATION BY BOARD OF MANAGERS.

CHRISTIAN MARTIN 100%
7570 N.W. 70 STREET
MIAMI FL 33166

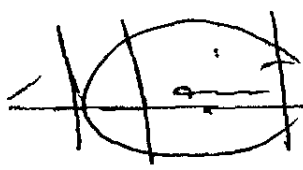
KLEBER MARTIN
AVE 2NDA CALLE 1RA
MAPASINGUE OESTE KM 5
VIA DAULE
GUAYAQUIL ECUADOR

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.


Registered Agent

Cont. Articles of Organization

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization at Miami, Dade-County, Florida, for the uses and purposes aforesaid, this 24 day of JUNE, 2004


_____ Manager