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Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

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ISION OF CONFORATION

LIMITED LIABILITY COMPANY

Key Biscayne Fraser Firs LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	S155.00

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ARTICLES OF ORGANIZATION OF Key Biscayne Fraser Firs LLC

CONTRACTOR

ARTICLE I

NAME

The name of the limited liability company shall be: Key Biscayne Fraser Firs LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 10710 SW 126 Ave., Miami, Florida 33186.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Hugo Alvarez, 10710 SW 126 Ave., Miami, Florida 33186. Located in the County of Miami-Dade.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Hugo Alvarez, 10710 SW 126 Ave., Miami, Florida 33186

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

FAX AUDIT # 10400 1445573

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Key Biscayne Fraser Firs LLC

The name and address of the registered agent and office is: Hugo Alvarez, 10710 SW 126 Ave., Miami, Florida 33186. Located in the County of Miami-Dade.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

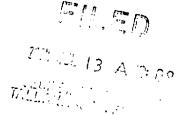
Huko Alvarez

Date: July 2, 2004

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FAX AUDIT # 1/6400 1445573

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE



PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Li	nited Liability Company is:	
First Line Solutions LLC		
	lorida street address of the registered agent and office are;	·
	C T Corporation System	
<u> </u>	(Name)	
	c/o C T Corporation System, 1200 South Pine Island Road	
	Florida street address (P.O. Box NOT ACCEPTABLE)	
Plante	_ '	
	(City/State/Zip)	
liability company at the registered agent and ag statutes relating to the accept the obligations	registered agent and to accept service of process for the above stated place designated in this certificate, I hereby accept the appointment res to act in this capacity. I further agree to comply with the provision oper and complete performance of my duties, and I am familiar with my position as registered agent as provided for in Chapter 608, F.S. speculion System Sugar J. Metze Assistant Secretary	as ons of all h and
	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	