

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

LIMITED LIABILITY COMPANY

EUROHOME DI SOLEIL, LLC.

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 04 |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF

EUROHOME DI SOLEIL, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

EUROHOME DI SOLEIL, LLC.

ARTICLE II - ADDRESS

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

**119 N STATE RD 7
PLANTATION, FL. 33317**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

JOSE A. GARCIA
Name

119 N STATE RD 7
Florida street address (P.O.BOX NOT acceptable)

PLANTATION, FL. 33317
City, State, and Zip

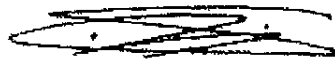
YOHIMA DEL CORRAL
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MIAMI, FL 33155
305-4859300

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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, F.S..



REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

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

JOSE A. GARCIA
119 N STATE RD 7
PLANTATION, FL. 33317

MANAGER

CARMELO GIL CASTIBLANCO
119 N STATE RD 7
PLANTATION, FL. 33317

MANAGER

GUILLERMO M. ESCALONA
119 N STATE RD 7
PLANTATION, FL. 33317

MANAGER

(An additional article must be added if an effective date is requested)



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.)

JOSE A. GARCIA
Typed or printed name of signee

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