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04 AUG -6 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

04 AUG -6 AM 11:56

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B/C

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

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04 AUG -6 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONTACT: TRICIA TADLOCK

DATE: 08-06-04

REF. #: 0150.28821

CORP. NAME: OXFORD 102, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 509030 FOR \$ 155.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION**

**FOR**

**OXFORD 102, LLC**

**ARTICLE I. - NAME:**

The name of this Limited Liability Company ("Company") shall be:

**OXFORD 102, LLC**

**ARTICLE 1. - ADDRESS**

The mailing address and street address of the principal office of the Company is:  
14160 Palmetto Frontage Road Suite 21, Miami Lakes, FL 33016.

**ARTICLE II. - DURATION**

The period of duration for the Company shall be perpetual unless dissolved according to law.

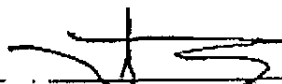
**ARTICLE III. - MANAGEMENT**

The Company is to be managed by: a manager or managers and the name(s) and address of such manager is:

Martin Caparros, Jr.  
14160 Palmetto Frontage Road Suite 21  
Miami Lakes, FL 33016

And

Jose R. Boschetti  
2901 SW 8 Street, Suite 204  
Miami, Florida 33135



**Signature of a member or an authorized representative of a member**

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**FILED**  
04 AUG -6 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 limited liability company is:

OXFORD 102, LLC

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

MARTIN CAPARROS, JR.

NAME

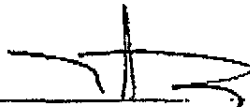
14160 Palmetto Frontage Road Suite 21

Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami Lakes, Florida 33016

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.*



SIGNATURE