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Division of Corporations

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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.  
Account Number : 076624003440  
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**LIMITED LIABILITY COMPANY**

**CRAWFORD RESIDENCES LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
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ARTICLES OF ORGANIZATION  
OF  
CRAWFORD RESIDENCES LLC.

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I  
NAME

The name of this Limited Liability Company is: CRAWFORD RESIDENCES LLC.

ARTICLE II  
GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III  
TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV  
ADDRESS

The principal office and mailing address of this Limited Liability Company in the State of Florida is 2330 PONCE DE LEON BLVD., SUITE 203, CORAL GABLES, FL 33134. The Board of Managers may from time to time move the principal office to another address in Florida.

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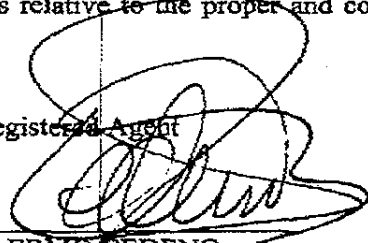
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

*In compliance with Section 48.091, Florida statutes, the following is submitted:*

FIRST: That CRAWFORD RESIDENCES LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, designates GUILLERMO CEDENO as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2330 PONCE DE LEON BLVD., SUITE 203, CORAL GABLES, FL 33134.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

The Registered Agent



GUILLERMO CEDENO

Date: August 9, 2004

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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