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Florida Department of State
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

RECEIVED
04 AUG 23 PM 12:40
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

600 biscayne, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

J. BRYAN AUG 24 2004

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ARTICLES OF ORGANIZATION

FOR

600 BISCAYNE, LLC

ARTICLE I - NAME:

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

600 BISCAYNE, LLC

ARTICLE II - ADDRESS

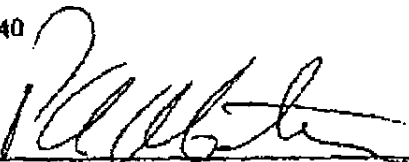
The mailing address and street address of the principal office of the Company is:

1200 Brickell Avenue, Suite 1840, Miami, Florida 33131

ARTICLE III - MANAGEMENT

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

Pedro A. Martin
1200 Brickell Avenue, Suite 1840
Miami, Florida 33131



Signature of 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.)

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CLERK OF THE CIRCUIT COURT
JACKSONVILLE, FLORIDA

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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: 600 BISCAYNE, LLC
- 2. The name and the Florida street address of the registered agent are:

Pedro A. Martin
NAME

1200 Brickell Avenue, Suite 1840, Miami, Florida 33131
Florida street address (P.O. BOX NOT ACCEPTABLE)

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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.


SIGNATURE

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