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

From: Account Name : PRATS, FERNANDEZ & CO.  
Account Number : 119980000078  
Phone : (305) 444-8333  
Fax Number : (305) 444-8334

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

LUZ MARIA IRAGORRI, L.L.C.

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**ARTICLES OF ORGANIZATION**

**OF**

**LUZ MARIA IRAGORRI, L.L.C.**

The undersigned hereby subscribes this Articles of Organization for the purpose of forming a limited liability company under the Florida Limited Liability Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of organization :

ARTICLE I: NAME

The name of the limited liability company shall be

**LUZ MARIA IRAGORRI, L.L.C.**  
("Company")

ARTICLE II: ADDRESS

The mailing address and street address of the principal office of the Company shall be at 2121 Ponce de Leon Blvd. Suite 240 Coral Gables, FL 33134.

ARTICLE III: DURATION

The company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in these Articles of Organization.

Preparer's Name: Francisco J. Fernandez  
2121 Ponce de Leon Blvd. # 240  
Coral Gables, FL 33134.  
Phone: 305-444-8333.

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ARTICLE IV: BUSINESS PURPOSE

A limited liability company may be organized under F.S. Chapter 608 for any lawful purpose, except that special statutes for the regulation and control of specific types of business shall control when in conflict herewith.

ARTICLE V : TERMINATION OF EXISTENCE

The Company shall be dissolved upon the death, bankruptcy, or dissolution of a member or manager, or upon the occurrence of any other event that terminates the continued membership of a member in the Company, unless the business of the Company is continued by the consent of all the remaining members, provided there are at least two remaining members.

ARTICLE VI: MANAGERS

The names and post office address of the initial managers of the Company are as follows:

Luz Maria Iragotri  
Manager

Christopher Duque  
Manager

2121 Ponce de Leon Blvd. Suite #240  
Coral Gables, Fl. 33134

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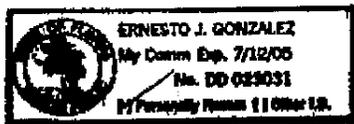
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STATE OF FLORIDA  
COUNTY OF MIAMI DADE

Before me, the undersigned authority, duly authorized to administer oaths and take acknowledgments, personally appeared **FRANCISCO J. FERNANDEZ** who first having been duly sworn, personally known to be the above limited liability company and who subscribed the above Articles of Organization of **LUZ MARIA IRAGORRI, L.L.C.** for the purpose therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Coral Gables, Miami Dade County, Florida this 23<sup>rd</sup> day of September of 2004.

*Ernesto J. Gonzalez*  
Ernesto J. González -Notary Public-  
State of Florida at large-



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**DESIGNATION AND ACCEPTANCE  
OF REGISTERED AGENT**

In pursuance of Florida Statutes, Chapter 608, the Articles of Organization of **LUZ MARIA IRAGORRI, L.L.C.** are submitted under the laws of Florida, the name and street address of the registered agent of the Company is: **Gabriel Prats** with offices at 2121 Ponce de Leon Blvd., Suite 240, Coral Gables, FL 33134.

The undersigned, having been named to accept service of process for the above stated limited liability company, I hereby accept to act in this capacity, and agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and is familiar with and accept the obligations of the position as registered agent.

  
\_\_\_\_\_  
Gabriel Prats

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The undersigned authority has been given a authorization by the officers of the above limited liability company to represent them in the organization of **LUZ MARIA IRAGORRI, L.L.C.**

By:   
\_\_\_\_\_  
Francisco J. Fernandez

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