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Florida Department of State
Division of Corporations
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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

LIMITED LIABILITY COMPANY

sarasota 432, llc

Certificate of Status	0
Certified Copy	1
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04 NOV -1 AM 8:56
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TALLAHASSEE, FLORIDA

11/02/04

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DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION

FOR

SARASOTA 432, LLC

ARTICLE I. - NAME:

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

SARASOTA 432, LLC

ARTICLE 1. - ADDRESS

The mailing address and street address of the principal office of the Company is:
2159 Coral Way, Suite B, Miami, Florida 33145.

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:

Jose R. Boschetti
2159 Coral Way, Suite B
Miami, Florida 33145



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.)

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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:

SARASOTA 432, LLC

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


JOSE R. BOSCHETTI
NAME

2159 Coral Way, Suite B

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

Miami, Florida 33145
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

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