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Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATIONS

To: Division of Corporations  
Fax Number : (850) 205-0383  
From: Account Name : EMPIRE CORPORATE KIT COMP  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

Empress, llc

W  
11/18/04

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

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:  
The name of the Limited Liability Company is:

EMPRESS, LLC

ARTICLE II - Address:  
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

9655 SOUTH DIXIE HIGHWAY

SAME

3RD FLOOR

MIAMI, FL 33156

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  
The name and the Florida street address of the registered agent are:

EMERY B. SHEER

9655 SOUTH DIXIE HIGHWAY  
3RD FLOOR

Florida street address (P.O. Box NOT acceptable)

MIAMI

FLORIDA 33156

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 as provided for in Chapter 608, Florida Statutes..*

  
Registered Agent's Signature

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(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title:  
"MGR" = Manager  
"MGRM" = Managing Member

Name and Address:

MGR

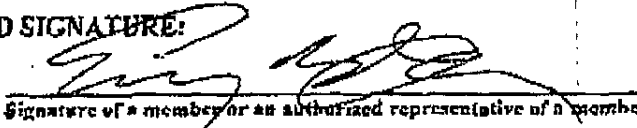
EMERY B. SHEER  
9655 SOUTH DIXIE HIGHWAY  
3RD FLOOR  
MIAMI, FL 33156

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

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

EMERY B. SHEER  
\_\_\_\_\_  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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- Filing Fees:**
- \$100.00 Filing Fee for Articles of Organization
  - \$ 25.00 Designation of Registered Agent
  - \$ 10.00 Certified Copy (Optional)
  - \$ 5.00 Certificate of Status (Optional)

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