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Ťo:

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LIMITED LIABILITY COMPANY

FiguraCheia LLC

Certificate of Status		0
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FAX AUDIT # 170400 2346423

ARTICLES OF ORGANIZATION OF FiguraCheia LLC

ARTICLE I

NAME

The name of the limited liability company shall be: FiguraCheia LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 1900 NE 27th Dr., Wilton Manors, Florida 33306.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Grissel Rexach, 1900 NE 27th Dr., Wilton Manors, Florida 33306. Located in the County of Broward.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Grissel Rexach, 1900 NE 27th Dr., Wilton Manors, Florida 33306

SSEE, FLORID

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

FAX AUDIT # 464 COO 2346 423

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HD 4000 2346423

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: FiguraCheia LLC

The name and address of the registered agent and office is: Grissel Rexach, 1900 NE 27th Dr., Wilton Manors, Florida 33306. Located in the County of Broward.

Having been named as registered agent and to accept service of process for the above stated 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:

wissel Rexach

Date: November 15, 2004

CONCINARY OF STATE

FAX AUDIT # 1040002346423