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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

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DIVISION OF CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

doral 969 group, llc

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| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$155.00 |

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ARTICLES OF ORGANIZATION

FOR

DORAL 969 GROUP, LLC

ARTICLE I. - NAME:

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

DORAL 969 GROUP, 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 managers is:

Arthur Falcone
3300 University Drive, #001
Coral Springs, Florida 33065

And

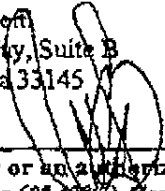
Martin Caparros, Jr.
14160 Palmetto Frontage Road Suite 21
Miami Lakes, FL 33016

And

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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 608.4002, 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 DISTRICT COURT
TALLAHASSEE, 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:

DORAL 969 GROUP, 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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