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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

1803 investments llc

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 1803 INVESTMENTS LLC

ARTICLE I

The name of the limited liability company shall be: 1803 INVESTMENTS LLC

ARTICLE II

The principal place of business and mailing address of the corporation shall be:

3375 SW 3RD AVENUE MIAMI FLORIDA 33187

ARTICLE III

This limited liability company shall commence its existence immediately upon the filing of the Articles of Organization and shall pe petually thereafter be in existence unless sooner dissolved by and in accordance with Horida law.

ARTICLE IV

The name and address of the imital registered agent is:

GILBERT A. CONTRERAS 255 ALHAMBRA CIRCLE SUITE 425 CORAL GABLES FLORIDA 33134

ARTICLE V

The limited liability company is to be managed by a managing elember.

The undersigned has executed these Articles of Organization of his 2th day of December, 2004.

GILBERT A. CONTRERAS

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Florida Statutes, the undersigned limited liability 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.

First that, 1803 INVESTMENTS LLC desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization, has named GILBERT A. CONTRERAS whose address is 255 ALHAMBRA CIRCLE SUITE 425, CORAL GABLES FLORIDA 33134, as its agent to accept service of process within this State.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HERBBY 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

Registered Agent

SECRETARY OF STATE

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