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To:

Division of Corporations.

Fax Number : (850) 205-0383

4 DEC 28 PH 3: C. AVISION OF COKPORATION

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305) 634-3694

Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

terra 600 biscayne, Ilc

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

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ARTICLES OF ORGANIZATION

FOR

TERRA 600 BISCAYNE, LLC

ARTICLE I - NAME:

The name of this Limited Liability Company ("Company") shall be: Terra 600 Biscayne, LLC

ARTICLE II. - ADDRESS

The mailing address and street address of the principal office of the Company is:

c/o 1200 Brickell Avenue, Suite 1800, Miami, Florida 33131.

ARTICLE III. - MANAGEMENT

The Company is to be managed by: a manager or managers and the name(s) and address of such manager(s) is:

Pedro A. Martin

1200 Brickell Avenue, Suite 1800

Miami F1 33132

Signature of 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: Terra 600 Biscayne, LLC.
- 2. The name and the Florida street address of the registered agent are:

PEDRO A. MARTIN NAME

1200 Brickell Avenue, Suite 1800 <u>Mismi, Florida 33131</u> Florida street address (P.O. BOX <u>NOT</u> ACCEPTABLE)

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

2004 DEC 28 AM 8: 39 SECRETARY 6: STATE ALLAHASSEE, FINSTE.

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