

L05000008934

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

05 JAN 27 AM 8:06
DIVISION OF CORPORATIONS

2005 JAN 27 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

grove palms I, llc

| | |
|-----------------------|----------|
| 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:

GROVE PALMS I, LLC

ARTICLE II - Address:

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

Principal Office Address:

1401 Brickell Avenue, Suite #1010
Miami, Florida 33131

Mailing Address:

1401 Brickell Avenue, Suite #1010
Miami, Florida 33131

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

INAKI SAIZARBITORIA, Esq., P.A.

Name

1492 S. Miami Avenue, Suite 203

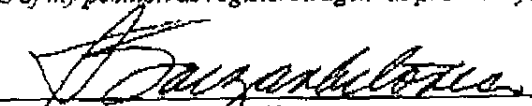
Florida street address (P.O. Box NOT acceptable)

Miami, Florida 33130

FL

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, F.S.


Registered Agent's Signature

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Page 1 of 2

H05000023208

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

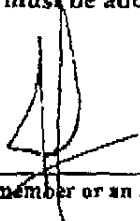
The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | <u>Name and Address:</u> |
|--------------------------|---|
| "MGR" = Manager | |
| "MGRM" = Managing Member | |
| <u>MGRM</u> | <u>JAVIER CERVERA</u> <u>1482 S. Miami Avenue</u> <u>Miami, Florida 33130</u> |
| <u>MGRM</u> | <u>HERNANDO FORERO</u> <u>1401 Brickell Avenue, Suite #1010</u> <u>Miami, Florida 33131</u> |
| <u>MGRM</u> | <u>BEATRIZ FORERO</u> <u>1401 Brickell Avenue, Suite #1010</u> <u>Miami, Florida 33131</u> |
| <u> </u> | <u> </u> |
| <u> </u> | <u> </u> |

(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.)

JAVIER CERVERA

Typed or printed name of signee

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Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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