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Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.
Account Number : 075624003440
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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY**SHERIDAN, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATIONOFSHERIDAN, LLC.

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE INAME

The name of this Limited Liability Company is: SHERIDAN, LLC.

ARTICLE IIGENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IIITERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IVADDRESS

The principal office and mailing address of this Limited Liability Company in the State of Florida is 18701 NW 3rd STREET, PEMBROKE PINES, FL 33029. The Board of Managers may from time to time move the principal office to another address in Florida.

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ARTICLE V
REGISTERED OFFICE, REGISTERED AGENT

That SHERIDAN, LLC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates CESAR VALDES, as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 18701 NW 3rd STREET, PEMBROKE PINES, FL 33029.

ARTICLE VI
MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The Initial Manager shall be CESAR VALDES of 18701 NW 3rd STREET, PEMBROKE PINES, FL 33029.

WITNESS the hand and seal of the manager in Miami-Dade County, State of Florida, this 2nd day of February, 2005

The Manager,

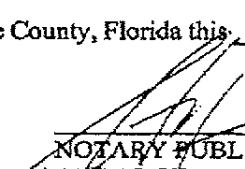

CESAR VALDES

STATE OF FLORIDA)
) SS:
COUNTY OF MIA MI-DADE)

PERSONALLY appeared before me, CESAR VALDES, the Manager of SHERIDAN, LLC., for and on behalf of the entity, who is personally known to me or who presented his _____ as identification, who being by me first duly sworn, acknowledges that he signed the same for the purposes therein expressed.

WITNESS my hand and seal at Miami-Dade County, Florida this 2nd day of February, 2005

My commission expires:


NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE



CARLOS F. ARAZOZA
MY COMMISSION #DD 301433
EXPIRES: July 17, 2008
Bonded Three Thousand Dollars

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TALLAHASSEE, FLORIDA

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF
PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE
SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That SHERIDAN, LLC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, designates CESAR VALDES, as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 18701 NW 3rd STREET, PEMBROKE PINES, FL 33029.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

REGISTERED AGENT


CESAR VALDES
February 2, 2005

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