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Division of Corporations

Fax Number : (850)205-0383

- Account Name : EMPIRE CORPORATE KIT COMPANY

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

Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

hialeah heights 77, Ilc

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





ARTICLES OF ORGANIZATION

FOR

HIALEAH HEIGHTS 77, LLC

ARTICLE I. - NAME:

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

HIALEAH HEIGHTS 77, 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 ВW.

ARTICLE III. - MANAGEMENT

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

> Jose R. Boschetti 2139 Coral Way, Suite B

Miamil Florida 3S145

Signature of a member of an authorized representative of a member (In accordance with security 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.)



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:

HIALEAH HEIGHTS 77, LLC

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

JOSE R. BOSCHETTI.

2159 Coral Way, Suite B

Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33145 CITY, STATE AND 219 2005 FEB -8 AM 9 SECRETARY OF ST TALLAHASSEE, FLO

Having been named as registered agent and to accept service of process for the above stated limited trability company at the place designated in this certificate. I hereby accept the oppointment 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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