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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : USA CORPORATE SERVICES INC.
Account Number : T20000000220
Phone : (800) 891-7432
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY
BLUE ISLE ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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**ARTICLES OF ORGANIZATION
OF**

BLUE ISLE ASSOCIATES, LLC
Pursuant to section 608.407, Florida Statutes

1. The name of the Limited Liability company is: **BLUE ISLE ASSOCIATES, LLC**
2. The mailing address and street address of the principal office of the Limited Liability Company is:

C/O THE LLC, 4485 ROYAL PALM, MIAMI BEACH, FL 33140


3. The name and address of the registered agent is as follows:

ISIDOR BLEIER, 4485 ROYAL PALM, MIAMI BEACH, FL 33140

4. The period of duration for the Limited Liability Company shall be perpetual.
5. The Limited Liability Company is to be managed by manager(s) and the name(s) and address(s) of such manager(s) are as follows:

ISIDOR BLEIER, 4485 ROYAL PALM, MIAMI BEACH, FL 33140

In Witness Whereof, in accordance with section 608.408(3), Florida Statutes, the execution of this document constitute an affirmation under the penalties of perjury that the facts stated herein are true this day 7th day of February 2005.



Frank Orlando
Authorized Representative

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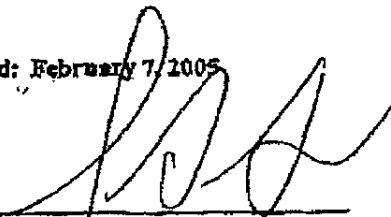
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Acceptance of Appointment as Registered Agent

ISIDOR BLEIER, 4485 ROYAL PALM, MIAMI BEACH, FL 33140

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Dated: February 7, 2005

X 
Isidor Bleier
Registered Agent

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