

Division of Corporations

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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 : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.
Account Number : 076624003440
Phone : (305) 444-6226
Fax Number : (305) 442-4829

LIMITED LIABILITY COMPANY

ALICANTE INVESTMENTS, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
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DIVISION OF CORPORATION
FILED
05 FEB 28 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION

OF

ALICANTE INVESTMENTS, 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 I
NAME

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

ARTICLE II
GENERAL 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 III
TERM 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 IV
ADDRESS

The principal office and mailing address of this Limited Liability Company in the State of Florida is 209 W 21 STREET, HIALEAH, FL 33010. The Board of Managers may from time to time move the principal office to another address in Florida.

ARTICLE V
REGISTERED OFFICE, REGISTERED AGENT

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CLERK OF STATE
HIALEAH, FLORIDA

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That ALICANTE INVESTMENTS, 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 MIGUEL SEMPERE, as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 209 W 21 STREET, HIALEAH, FL 33010.

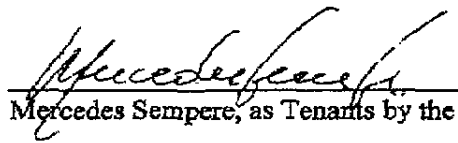
ARTICLE VI
MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The Initial Manager of the Company shall be MIGUEL SEMPERE of 209 W 21 STREET, HIALEAH, FL 33010.

WITNESS the hand and seal of the members in Miami-Dade County, State of Florida, this 28 day of February, 2005.

The Members:

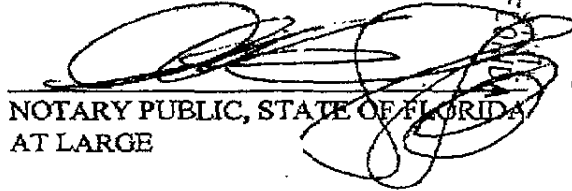

Miguel Semperé and


Mercedes Semperé, as Tenants by the Entireties

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, MIGUEL SEMPERE and MERCEDES SEMPERE, AS TENANTS BY THE ENTIRETIES, who produced _____ and _____ as identification, respectively, or are personally known to me, who being by me first duly sworn, acknowledge that they signed the same for the purposes therein expressed.

WITNESS my hand and seal at Miami-Dade County, Florida this 28 day of February, 2005.


NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My commission expires:



Aracelis Fernandez-Fraga
Commission #DD280335
Expires: Feb 26, 2008
Bonded Thru
Atlantic Bonding Co., Inc.

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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: The TALICANTE INVESTMENTS, 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 MIGUEL SEMPERE, as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 209 W 21 STREET, HIALEAH, FL 33010.

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.

The Registered Agent,


MIGUEL SEMPERE

February _____, 2005

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