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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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

west bird rb-gem llc

RECEIVED
DIVISION OF CORPORATIONS
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

West Bird RB-GEM LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4937 S.W. 75 Ave.

4937 S.W. 75 Ave.

Building B Unit 21

Building B Unit 21

Miami, Florida 33155

Miami, Florida 33155

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

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

Maria Fernandez-Valle

Name

10570 N.W. 27th Street, Unit 103

Florida street address

Miami, Florida 33172

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, Florida Statutes.

Registered Agent's Signature

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CLERK OF CIRCUIT
JUDICIAL DISTRICT
IN THE COUNTY OF MIAMI
FLORIDA

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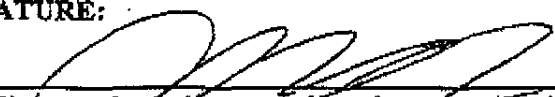
Page 1 of 2
(CONTINUED)

ARTICLE IV - Manager(s) or Managing Member(s):
The name and address of each Manager of Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>RB-GEM Management LLC</u>
	<u>4937 S.W. 75 Ave.</u>
	<u>Building B Unit 21</u>
	<u>Miami, Florida 33173</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.)

Maria Fernandez-Valle

Typed of printed name of signer

- Filing Fees:**
- \$100.00 Filing fee for Article of Organization
 - \$ 25.00 Designation of Registered Agent
 - \$ 30.00 Certified Copy (Optional)
 - \$ 5.00 Certificate of Status (Optional)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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