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**Florida Department of State
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To: Division of Corporations
Fax Number : (850)205-0383

Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

MARTINEZ HOLDINGS 4, LLC.

Certificate of Status	1
Certified Copy	0
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T. Brumley APR 4 2005

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

MARTINEZ HOLDINGS 4, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

MARTINEZ HOLDINGS 4, LLC.

ARTICLE II - ADDRESS

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

**2475 BRICKELL AV # 2605
MIAMI, FL 33129**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

SUSANA MAWAD

2475 BRICKELL AV # 2603

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

MIAMI, FL 33129

City, State, and Zip

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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

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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, F.S..

Susana Mawad
* _____
REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

SUSANA MAWAD **MANAGER**
2475 BRICKELL AV # 2603
MIAMI, FL 33129

VANESSA MAWAD **MANAGER**
2475 BRICKELL AV # 2603
MIAMI, FL 33129

SERGIO MARTINEZ **MANAGER**
2475 BRICKELL AV # 2603
MIAMI, FL 33129

(An additional article must be added if an effective date is requested)

Susana Mawad
* _____
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.)

SUSANA MAWAD
Typed or printed name of signer

THE PARTNERS FOR THIS LIMITED LIABILITY COMPANY IS:

LAND MARK SERVICES 100%

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