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Florida Department of State
Division of Corporations
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TALLAHASSEE FLORIDA

4/12/05

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

RECEIVED
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

hialeah 21 acres, llc

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION
FOR
HIALEAH 21 ACRES, LLC

ARTICLE I - NAME:

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

HIALEAH 21 ACRES, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is:
2159 Coral Way, Suite B, Miami, Florida 33145.

ARTICLE III - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE IV - MANAGEMENT

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

Jose Boschetti
2159 Coral Way, Suite B
Miami, Florida 33145

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ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

The right of the members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time and upon such terms and conditions as shall be determined by a unanimous vote of the holders of all of the Membership Interests.

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ARTICLE VI. - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right of the members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continual membership of a member in the Company shall be determined by a unanimous vote of the remaining holders of all of the Membership Interests to continue to conduct the business of the Company under the Company's name.



Signature of a member or an authorized representative of a member

(In accordance with section 605.406(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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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 21 ACRES, LLC

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

JOSE BOSCHETTI

NAME

2159 Coral Way, Suite B

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

Miami, Florida 33145

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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 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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