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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Fax Number

: (305)634-3694 : (305)633-9696

ELIMITED LIABILITY COMPANY

oceanside sig, l.l.c.

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

OCEANSIDE SIG, L.L.C.

ARTICLE I

The name of the Limited Liability Company shall: OCEANSIDE SLL.C.

ARTICLE II

The Company is organized for any legal and lawful purpose for which limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 9737 NW 41st STREET, #615, MIAMI, FL 33178-2924

ARTICLE IV

The name of the Managing Members for this company shall be:

ANTONIO C. FERREIRA GARRIDO

2700 SW 154 CT

MIAMI, FL 33185

MARIA E. PINTO DE FERREIRA

2700 SW 154 CT

MIAMI, FL 33185

ARTICLE V

The name and the Florida street address of the registered agent: CABANAS & ASSOCIATES, P.A., 10520 NW 26th STREET, SUITE C201, DORAL, FL 33172

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

OCEANSIDE SIG, L.L.C.

(Name of Company)

Having been name as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in the Articles of Organization, 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.

CABANAS & ASSOCIATES, P.A.

Registered Agent

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.)

JOSEPH F. CABANAS

Typed or Printed Name of Signes

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