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Florida Department of State
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

ALE, LLC.

Certificate of Status	0
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05 MAY 19 AM 9:15
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the Limited Liability Company is: ALE, LLC.

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:
14911 SW 80 STREET # 215
MIAMI, FL 33193

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE AND
REGISTERED AGENT'S SIGNATURE**

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

ANTONIO SILVESTRI

(NAME)

14911 SW 80 STREET # 215

FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33193

(CITY/STATE/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 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 THE CHAPTER 608, F.S.


Registered Agent's Signature

ARTICLE IV MANAGEMENT

Management of this limited liability company is reversed to its members, whose names and addresses are as follows:

ANTONIO SILVESTRI
14911 SW 80 STREET # 215
MIAMI, FL 33193
MANAGER

EMELYN KOUFIS
14911 SW 80 STREET # 215
MIAMI, FL 33193
MANAGER

Executed by the undersigned members of the limited liability company this: 17th day of May 2005

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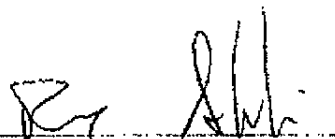
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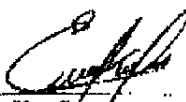
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Antonio Silvestri
Authorized Representative



Emelyn Koufis
Authorized Representative

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