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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 472439 7361995

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 125.00

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ORDER DATE : July 8, 2005

ORDER TIME : 11:36 AM

ORDER NO. : 472439-005

CUSTOMER NO: 7361995

CUSTOMER: Angel M. Garcia-oliver, Esq.  
Garcia-oliver & Mainieri, P.a.

Suite 447  
782 N.w. Le Jeune Road  
Miami, FL 33126

DOMESTIC FILING

NAME: 2413 AVENUE, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: \_\_\_\_\_

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

2413 Avenue, LLC

## ARTICLE II - Address:

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

### Principal Office Address:

10924 NW 69th Street  
Miami, Florida 33178

### Mailing Address:

10924 NW 69th Street  
Miami, Florida 33178

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

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

Garcia-Oliver & Mainieri, P.A.

Name

782 NW Le Jeune Road, Suite 447

Florida street address (P.O. Box **NOT** acceptable)

Miami, Florida 33126

FL

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, F.S..*

  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Rafael Vecchio


10924 NW 69th Street

Miami, Florida 33178

(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.)

Angel M. Garcia-Oliver, Esq.

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)