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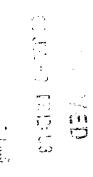
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SHIP OF THE PORT O ACCOUNT NO.: 072100000032 REFERENCE : 7361995 472439 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE : July 8, 2005 ORDER TIME : 11:36 AM ORDER NO. : 472439-005 CUSTOMER NO: 7361995 CUSTOMER: Angel M. Garcia-oliver, Esq. Garcia-oliver & 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 ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY __ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Darlene Ward - EXT. 2935

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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ARTICLE II - Address:

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

Prin	cinal	Office	Address:
	LIVAL		. 1441 (33)

Mailing Address:

10924 NW 69th Street

Mlami, Florida 33178

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 & Mainierl, 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:

<u>Title:</u>		Name and Address:
"MGR" = Manag		
"MGRM" = Man	aging Member	
MGR		Refael Vecchio
		10924 NVV 69th Street
		Mlami, Florida 33178
		
(Use attachment i	if necessary)	
•	,	
NOTE: An add	itional article must be	added if an effective date is requested.
REQUIRED SIG	GNATURE:	
		Į.
		e dua -
	Signature of a member o	r an authorized representative of a member.
		on 608.408(3), Florida Statutes, the execution cs an affirmation under the penalties of perjury in are true.)
	Angel f	M. Garcia-Oliver, Esq.
	Турес	l 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)