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To:

Division of Corporations

Fax Number

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From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Fax Number

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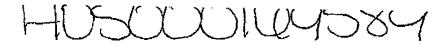
## LIMITED LIABILITY COMPANY

og 1701, llc

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OG 1701, LLC

ARTICLE II - Address:

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

18851 NE 29th Avenue, Suite 900 Aventura, FL 33180

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

MARK E. ROUSSO, ESQ.

18851 NE 29th Avenue, Suite 900 Aventura, PL 33180

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 helpby 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.J.

Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable)

The Limited Liability Company is to be managed by the managers and is, therefore, a member managed company.

The Managers are

Mariano Capellino Maria Josefina Lujun

Signature of a member or an authorized representative of a member.

(in accordance with Servina 608,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the panalties of perjuty that the facts states herein are true.)

MARIANO CAPELLINO

Typed or printed name of signee

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