

L05000078576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

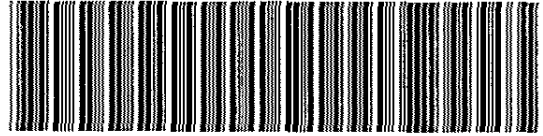
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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08/10/05--01005--006 \*\*310.00

**FILED**  
05 AUG 10 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RECEIVED**  
05 AUG 10 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**  
 05 AUG 10 AM 11:03  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. 368, LLC \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     
  Pick up time     
  Certified Copy  
 Mail out     
  Will wait     
  Photocopy     
  Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials \_\_\_\_\_

ARTICLES OF ORGANIZATION  
FOR  
A FLORIDA LIMITED LIABILITY COMPANY

FILED  
05 AUG 10 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

368, LLC

**ARTICLE II - ADDRESS**

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

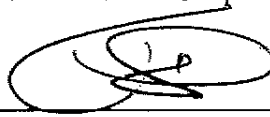
255 University Drive  
Coral Gables, Florida 33134

**ARTICLE III**  
**REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE.**

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

Fernando S. Aran, Esq.  
Aran, Correa, Guarch, & Shapiro, P.A.  
255 University Drive  
Coral Gables, Florida 33134

Having been named as registered agent and to accept service of process for the above stated limited liability Company at the place designated in the 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, Florida Statutes.



\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV**

Manager(s):

The name and address of each Manager is as follows:

Title:  
MGR

Name and Address:  
ACGG, INC.  
710 South Dixie Highway  
Coral Gables, Florida 33146

(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.)

368, LLC

By: 

ACGG, Inc. as Authorized Representative  
Danny Correa, Vice President

Dated: \_\_\_\_\_

8/8/05