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Account Name : EMPIRE CORPORATE KIT COMPANY

To:

O Division of Corporations

Fax Number : (850)205-0383

From:

O Account Name : EMPIRE CORPORA

Account Number : 072450003255

Phone : (305)634-3694

Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

p.c. 1810, llc

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

P.C. 1810, LLC

ARTICLE I

The name of the Limited Liability Company shall: P.C. 1810, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 9737 NW 41st STREET, #615, MIAMI, FL 33178-2924

| ARTICLE IV | | 9 | 0 V. |
|--|---------------------------------------|--------|------------------|
| The name of the managing member(s) for this company shall be: Managing Member | | AUG I | SECRETATION OF |
| JOSE C. MARTIN | 11223 NW 75th LANE MIAMI, FL 33178 | 2 A | ARY OF CORPO |
| Managing Member CARMEN E, GUTIERREZ | 11223 NW 75th LANE MIAMI, FL 33178 | 10: 34 | STATE RATIONS |

ARTICLE V

The name and the Florida street address of the registered agent: CABANAS & ASSOCIATES, P.A., 10520 NW 26th STREET, SUITE C-201, DORAL, FL 33172

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

P.C. 1810, LLC

(Name of Company)

Having been name as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in the Articles of Organization. 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.

CABANAS ASSOCIATES, P.A

Begistered Agent

Signature of a Member of 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.)

JOSEPH F. CABANAS

Typed or Printed Name of Signes

SECRETARY OF STATE DIVISION OF CORPORATIONS

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