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To:

GIVISION OF CORPORATION

Division of Corporations Fax Number : (850)205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

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Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE [- Name:

The name of the Limited Liability Company is:

MARIA GRACIA, 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, FL 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 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 abligations of my position as registered agent as provided for in Chapten 608, F.S.

Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable)

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

The Member is

PATRICIO VALENZUELA JR.

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.)

PATRICIO VALENZUELA

Typed or printed name of signee

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