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Florida Department of State
Division of Corporations
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(((H05000210651 3)))

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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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05 SEP -6 AM 11:18
DIVISION OF CORPORATION

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

804 spia llc

Certificate of Status	0
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Estimated Charge	$125.00

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SEP-06-2005 10:02 EMPIRE P.01

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

804 SPIA LLC

Article II - Address:
The mailing address and street address of the principle office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
18206 COLLINS AVE	18206 COLLINS AVE
SUNNY ISLES, FL	SUNNY ISLES, FL
33160	33160

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

FERNANDO AIPERN
Name

18206 COLLINS AVE
Florida street address (P.O. Box NOT acceptable)

SUNNY ISLES, FL 33160
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..

X
Registered Agent's Signature

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ARTICLE IV - Management / Member(s):
The name(s) and address(es) of each Manager or Managing Member is as follows"

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	SACOBO ASQUENAZI 18206 Collins Ave Sunny Isles, FL 33160

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FERNANDO AIPERN
Typed or printed name of signee

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