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**LIMITED LIABILITY COMPANY**

**Arlas Investment Two, LLC**

Certificate of Status	0
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FAX AUDIT # 4050002160200

**ARTICLES OF ORGANIZATION  
OF  
Arias Investment Two, LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: Arias Investment Two, LLC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 140 N. Westmonte Dr., Ste. 100, Altamonte Springs, Florida 32714.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Antonio Arias, 140 N. Westmonte Dr. Ste. 100, Altamonte Springs, Florida 32714. Located in the County of Seminole.


**ARTICLE IV DURATION**

The duration for the limited liability company shall be: 12/31/2045.

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Antonio Arias, 140 N. Westmonte Dr. Ste. 100, Altamonte Springs, Florida 32714

  
Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200,

Madison, WI 53717

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**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Arias Investment Two, LLC**

The name and address of the registered agent and office is Antonio Arias, 140 N. Westmonte Dr., Ste. 100, Altamonte Springs, Florida 32714. Located in the County of Seminole.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

  
Antonio Arias

Date: September 9, 2005

FAX AUDIT #

46050002168283