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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

LIMITED LIABILITY COMPANY

new miami, Ilc

Certificate of Status Certified Copy 1 Page Count 03 Estimated Charge \$155.00

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P.01

OCT-11-2005 45:03

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ARTICLES OF ORGANIZATION FOR

NEW MIAMI, LLC

The undersigned, a member or authorized representative, hereby subscribes to these Articles of Organization to form a limited liability company (the "Company") under the Florida Limited Liability Company Act (Chapter 608, Florida Statutes) and in accordance with F.S. Section 608-407.

ARTICLE) NAME

The name of the Company is

NEW MIAMI, LLC

ARTICLE II MAILING AND STREET ADDRESS

The mailing and street address of the principal office of the Company is

11900 Biscayne Boulevard, Suite 805 Miami, FL 33181

ARTICLE III REGISTERED AGENT AND OFFICE

The name and street address of the Company's initial registered agent in Florida is

Laurence Schneider 11900 Biscayne Boulevard, Suite 805 Miami, FL 33181

ARTICLE IV MANAGER(S) OR MANAGING MEMBER(S)

Managing Member – Laurence Schneider 11900 Biscaync Boulevard, Suite 805 Miami, FL 33181

IN WITNESS WHEREOF, the undersigned Member or authorized representative has executed these Articles of Organization as of the 11 day of October, 2005.

Laurence Schneider, Member

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

1. The name of the limited liability company is:

NEW MIAMI, LLC

2. The name and address of the registered agent and office is:

Laurence Schneider 11900 Biscayne Boulevard, Suite 805 Miami, FL 33181

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.

Date:

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