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LIMITED LIABILITY COMPANY

Vive Verde North, LLC

Certificate of Status	0
Certified Copy	1
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10/11/2005

ARTICLES OF ORGANIZATION OF Vive Verde North, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Vive Verde North, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 551 SE 8th Street, Suite 600, Delray Beach, Florida 33483.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: MTS Telecommunications Inc., 551 SE, 8th Street, Suite E 600, Delray Beach, Florida 33483. Located in the County of Palm Beach.

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:

John Romano, 2200 Centrepark West Drive, Suite 300, West Palm Beach, Florida 33409

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

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

Madison, WI 53717

(608) 827-5300

FAX AUDIT # HOSOCO 2405953

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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: Vive Verde North, LLC

The name and address of the registered agent and office is MTS Telecommunications Inc., 551 SE 8th Street, Suite E 600, Delray Beach, Florida 33483. Located in the County of Palm Beach.

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: Nace Ochstera, CFS
MT\$ Telecommunications Inc.

Date: September 29, 2005

SECRETARY OF STATE DIVISION OF CORPORATIONS

FAX AUDIT # 405000 2405953