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(Business Entity Name)

L05-106229

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

Two sets

Pages

1 of 3

October 21, 2005

To: Registration Section
Division of Corporations

Subject: American Paradise Properties LLC
(Name of Limited Liability Company)

Enclosed Articles of Organization and fees are submitted for filing.

Please return the correspondence concerning this matter to the following.

Samuel C. Roffe
(Name of Person)

Subject: American Paradise Properties LLC
(Firm/Company)

6835 Rue Granville Street

Miami Beach Florida 33141
(City/State and Zip Code)

For further information concerning this mailer, please call:

Arthur D. Sparks at (772) 464-8488
(Name of person) (Area Code & Daytime Telephone Number)

Street Address:
Registration Section
Division of Corporations
409 E Gaines Street
Tallahassee Florida 32399

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee Florida 32314

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

Two sets
Page 2 of 3

ARTICLE I. Name:

The name of the Limited Liability Company is:
American Paradise Properties LLC

ARTICLE II. Address:

The mailing address and street address of the principal office
of the Limited Liability Company is:

<u>Principal Office Address</u>	<u>Mailing Address</u>
6835 Rue Granville Street Miami Beach Florida 33141	6835 Rue Granville Street Miami Beach Florida 33141

ARTICLE III. Registered Agent, Registered Office, Registered Agent Signature

The name and Florida street address of the registered agent:

Samuel C. Roffe
6835 Rue Granville Street
Miami Beach Florida 33141

Having been named a 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.



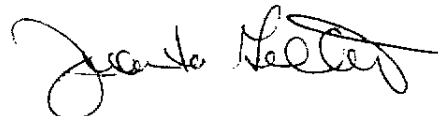
Registered Agents Signature

(CONTINUED)

State of Florida
County of Martin

Subscribed & Sworn to before me this 27th Day of Oct. 2006
by Samuel Roffe. FDL# 7100-1783-70387-0

Notary





Juanita Gelter
MY COMMISSION # DD148864 EXPIRES
September 9, 2006
BONDED THRU TROY FAIR INSURANCE, INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV - Managing Member:

The name and address of the managing member is:

Title:

MGRM = Managing member

MGRM

MGRM

Name and Address

Samuel C. Roffe

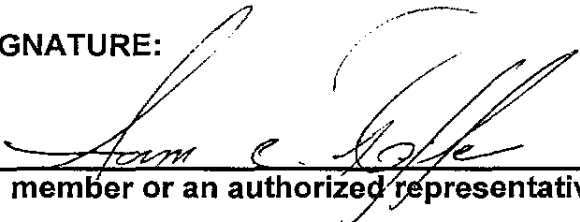
6835 Rue Granville Street

Miami Beach Florida 33141

ARTICLE V - Effective date of Limited Liability Company

The effective date is November 1, 2005

REQUIRED SIGNATURE:



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.)

SAM C. ROFFE

Type or printed signature of signee

Filing Fees

\$100.00 Filing fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of ~~Florida~~
County of ~~Martin~~

Subscribed & sworn to before me this 27th day of Oct 2005.
by Samuel Roffe. FID# 7100-783-70-387-0

Notary



Juanita Gelter
MY COMMISSION # DD148864 EXPIRES
September 9, 2006

