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To:

Division of Corporations

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: (850)205-0383

From:

: AKERMAN, SENTERFITT & EIDSON, P.A. Account Name

Account Number : 075471001363 ₽hone : (305)374-5600 Fax Number : (000)074-5095

LIMITED LIABILITY COMPANY

PEMBROKE COVE, LLC

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DIVISION OF CORPORATION

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FAX AUDIT No. H05000260751

ARTICLES OF ORGANIZATION FOR PEMBROKE COVE, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is: Pembroke Cove, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 5835 Blue Lagoon Drive, 4th Floor, Miami, FL 33126.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Masoud Shojaee 5835 Blue Lagoon Drive 4th Floor Miami, FL 33126

Having been named as registered agant and to accept service of process for the above stated limited liability company at the place destinated in this configure, I have name at 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 performance of my duties, and I am familiar with and accept the obligations of position as registered agent as provided for in Chapter 608, F.S.

Masoud Shojaee

Registered Agent's Signature

Signed and dated this 9th day of November, 2005.

Masoud Shojaee

Authorized representative of a member

FAX AUDIT No. H05000260751

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