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Florida Department of State

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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 05 DEC -2 AM 7: 59
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

300 ACRE WOODS, LLC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION



FOR

300 ACRE WOODS, LLC

ARTICLE L - NAME:

The name of this Limited Liability Company ("Company") shall be 300 ACRE WOODS, LLC

ARTICLE II. - ADDRESS

The mailing address and street address of the offices of the Company is 4000 Ponce De Leon Blvd., Suite 400 Coml Gables Florida 33146.

ARTICLE III. - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE IV. - MANAGEMENT

The Company is to be managed by a manager or managers and the name(s) and address of such manager is:

ORLANDO BORGES 4000 PONCE SUITE 400 CORAL GABLES FLORIDA 33134

ARTICLE V. - ADMISSION OF ADDITIONAL MEMBERS

The right of the members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time and upon such terms and conditions as shall be determined by a ununimous vote of the holders of all of the Membership Interests.

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ARTICLE VL - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right of the members of the Company to continue the business on the death, retirement, resignation, expulsion, bankrupter or dissolution of a member or the occurrence of any other event which terminates the continual membership of a member in the Company shall be: determined by a unanimous vote of the femaining holders of all of the Membership Interests to continue to conduct the business of the femaining holders the Company's name.

Signature of a member of an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of parjury that the facts stated herein are true.)

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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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: 300 ACRE WOODS LLC
- 2. The name and the Florida street address of the registered agent are:

GILBERT A. CONTRERAS ESQ. 4000 PONCE DE LEON BLVD. SUITE 400 CORAL GABLES FLORIDA 33146

Having been named as registered agent and to accept sergife of process for the above stated limited liability company at the place designated in this cartificate. I here hypercept 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 fittle only accept the obligations of my position as registered agent.

SIGNATURE

Physicalay

FILED

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SECHETAIN OF STATE
TALLAHASSEE, FLORIDA