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Florida Department of State
Division of Corporations
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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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Forest Glen RB-GEM-LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Forest Glen RE-GEM-LLC**ARTICLE II - Address:**

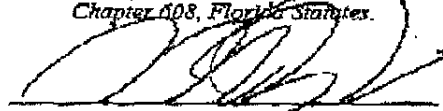
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:4937 S.W. 75 AveBuilding B Unit 21Miami, Florida 33155**Mailing Address:**4937 S.W. 75 Ave.Building B Unit 21Miami, Florida 33155**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Maria Fernandez-Valle
Name10570 N.W. 27th Street, Unit 103
Florida street addressMiami, Florida 33172
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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, Florida Statutes.



Registered Agent's Signature

SECRETARY OF STATE
PALM BEACH COUNTY, FLORIDA

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(CONTINUED)

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

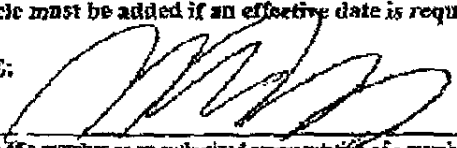
Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRM _____RB-GEM Management LLC _____4937 S.W. 75 Ave. _____Building B Unit 21 _____Miami, Florida 33173 _____

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**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.)

Maria Fernandez-Valls

Typed or printed name of signer

Filing Fees:

\$100.00 Filing fee for Article of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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- l) A roster of unit owners and their addresses and telephone numbers, if known, as shown on the developer's records
- m) Leases of the common elements and other leases to which the association is a party.
- n) Employment contracts or service contracts in which the association is one of the contracting parties or service contracts in which the association or unit owners have an obligation or responsibility, directly or indirectly, to pay some or all of the fee or charge of the person or persons performing the service.
- o) All other contracts to which the association is a party.

ARTICLE XIII

The principal place of business is 11030 N. Kendall Drive Suite 100 Miami, Florida 33176.

ARTICLE XIV

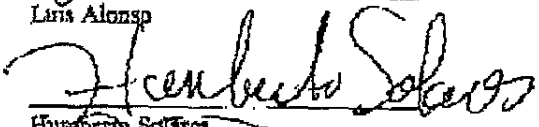
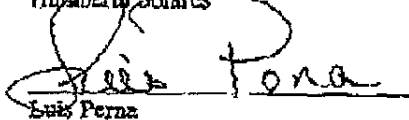
The registered agent and his address is:

Maria Fernandez Valle, Esq.
3750 N.W. 87 Ave.
Unit 100
Doral, Florida 33178

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Luis Alonso

Humberto Solares

Luis Perna

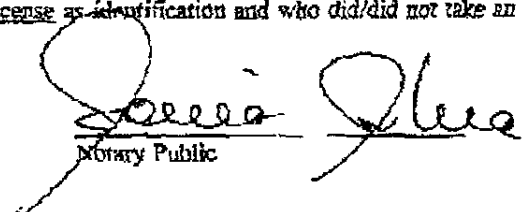
STATE OF FLORIDA
COUNTY OF MIAMI-DADE

DEC-22-2005 11:40

EMPIRE

P.05/06

The foregoing instrument was acknowledged before me by Luis Alonso, Humberto Solares, Luis Perna, this 20 day of Dec., 2005, who is/are personally known to me or who has/have produced driver's license as identification and who did/did not take an oath.


Notary Public

My Commission Expires:



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TALLAHASSEE, FLORIDA

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGAIN UPON WHOM PROCESS MAY BE SERVED IN COMPLIANCE WITH SECTION 48.091 FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED:

FIRST: That Douglas Centre Condominium Association Inc., a Florida not for profit Corporation, desiring to organize or qualify under the Laws of the State of Florida with its principal place of business at the City of Miami, Florida has named, Maria Fernandez Valle, Esq. 3750 N.W. 87 Ave. Unit 100, Doral, Florida 33178, as its resident Agent to accept service of process within the State of Florida.

SECOND: That Douglas Centre Condominium Association Inc., a Florida not for profit Corporation, hereby names 4937 S.W. 75 Ave., Building B Unit 21, Miami, Florida 33155, as its principal place of business and mailing address.

Signature:

Title:

Date:

12/20/05

Having been named to accept service of process for the above stated corporation at the place designated in this certificate, I hereby agree to act in this capacity and I further agree to comply with the provision of all statutes relative to the proper and complete performance of my duties.

Signature:

Date:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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