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PICK-UP WAIT MAIL

(Business Entity Name)

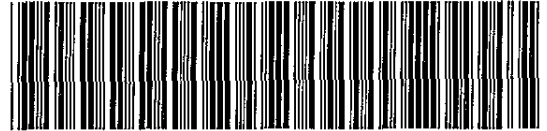
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. EUREKA ONE, L.L.C.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time 2.00 Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY

OF

EUREKA ONE, L.L.C.

ARTICLE I - Name:

The name of the Limited Liability Company is:

EUREKA ONE, L.L.C.

ARTICLE II - Address:

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

168 S.E. 1st Street, 12th Floor
Miami, FL 33131

ARTICLE III - Registered Agent, Registered Office and

Registered Agent's Signature:

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

JUAN E. VALDES
4160 W. 16th Ave., Suite 402
Hialeah, FL 33012

Having been named as 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.



Registered Agent's Signature

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ARTICLE IV - Management

The Limited Liability Company is to be managed by one manager or more managers and is, therefore a manager-managed company.

MANAGERS

ARNOLD FORTUNY

168 S.E. 1st Street, 12th Floor
Miami, FL 33131

JUAN FORTUNY

168 S.E. 1st Street, 12th Floor
Miami, FL 33131



Signature of a member or an authorized representative of a member

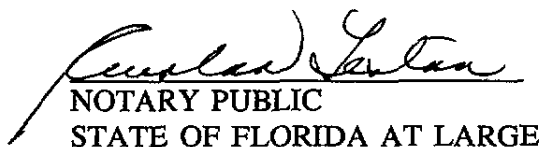
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitute an affirmation under the penalties of perjury that the facts stated herein are true.)

JUAN E. VALDES
AUTHORIZED AGENT

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I **HEREBY CERTIFY** that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgements, personally appeared **JUAN E. VALDES, authorized agent**, to me known to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 19 day of December, 2005.



NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

