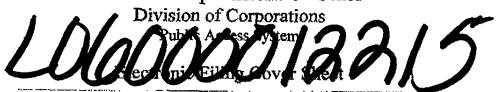
Florida Department of State



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H060000296473)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

FLORIDA/FOREIGN LIMITED LIABILITY CO.

one miami, llc

Certificate of Status	0
Certified Copy	. 0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

2/2/2006 11:39 AM 9002-20-433

10.9

EMP I RE

11:44

H00000029647

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

WITCHES OF CHESENEATION FOR PLONIDA LIMITED LIABILITY CONTRACT
ARTICLE I - Name:
The name of the Limited Liability Company is:
One Miami, LL C (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "L.C." or "LC.")
thinst one will the words "Limited Liability Company, "Limited Company" or their abbraviation "LLC," or "L.C.,")
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
8755 N.W. 35th Lane 8755 N.W. 35th lane Mian, Ft 33172
Miam, Fr. 33172 Miam, fr. 33172
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Listility Company carned serve as its own Registered Agent. You must designed an individual or enotice business easily with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Mr. Nuter Yu Rame
Name
Date Auto Se the Land
8755 N. W. 35 th Lane Plorida street address (P.O. Box NOT acceptable)
A second
Miam Fr. 33/7)
1
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 diales, and I am familiar with and
accept the obligations of my position as regimened agent of growided for in Chapter 608, P.S.
1501

(CONTINUED)
Page 1 of 2

HOI 0000029447

H00000029647

Name and Address:

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

MGR" - Managing Member

MGRM" - Managing Member

MGRM

MGRM

MGRM

MGRM

My Storen Lu

Mian Pt 32172

My Man Pt 32172

My Man Pt 32172

My Man Pt 32172

(Use attachment if messeary)

ARTICLE V: Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be more than five business days after the date of filing.)

REQUIRED SIGNATURE:

(In ancordance with meetion 600 406(3), Florida Fintures, the encountion of this document constitutes an afformation under the penaltics of purpay than the facts must be facts must beget and run.)

id or prisond amore of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- 5 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)

Page 2 of 2

11 10 20 EMPIRE
FEB-02-2006 11:45