Florida Department of State

Division of Corporations Public Access System

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(((H06000126680 3)))

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To:

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Fax Number

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From:

Account Name : STROOCK & STROOCK & LAVAN

Account Number : 072100000020

Phone Fax Number

: (305)358-9900

rax Number

: (305)789-9302

FLORIDA/FOREIGN LIMITED LIABILITY CO.

LAKES HOLDINGS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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STROOCK

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DATE

May 18, 2006

TO	COMPANY NAME	FAX NO.	PHONE NO.
Division of Corporations	Florida Department of State	850-205-0383	
TOTAL NO. OF PAGES	Four (4)		•
FR.OM	Cavell E. Walker		
SENDER'S FAX NO.	305-416-2845		
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ATTORNEY NO.	3958		
CHENT/MATTER NAME	Lakes Holdings, LLC entity for (Fax Audit # H06000126680		
CLIENT/MATTER NO.	000700.0001		

Please see attached documentation to form a Florida LLC.

Should you have any questions, please contact me at the above number.

Thank you

CONFIDENTIAL

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managin ; Member	Name and Address:		
MGRM	CARLOS A. VALDES 7700 N.W. 37TH AVENUE MIAMI, FL 33147		
(Use attachment if necessary)			

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

REQUIRED SIGNATURE:

Sig intere of a member or an authorized representative of a member.

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

CARLOS A. VALDES

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Capy (Optional) \$ 5.00 Certificate of Status (Optional)

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:			
LAKES HOLDINGS, LLC				
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liz	ability Company i	is:	
Principal Office Address:	Mailing Address:			
7700 N.W. 37TH AVENUE	7700 N.W. 371'H AVENU	JE		
MIAMI, FL 33147	MIAMI, FL 33147			
ARTICLE III - Registered Agent, Register	red Office, & Registered Agent's	Signature:		
The name and the Florida street address of th	ne registered agent are:			
CARLOS A. V	ALDES			
Na	me			
7700 N.W. 37TH AVENUE				
Florida street	address (P.O. Box NOT acceptable)			
MIAMI, FL 33147				
City, Stat	te, and Zip			
Having been named as registered agent and liability company at the place designated is registered agent and a gree to act in this capa statutes relating to two proper and complete accept the obligations of my position as re	in this certificate, I hereby accept the city. I further agree to comply with performance of my duties, and I am	e appointment as the provisions of familiar with and	all A	
Position d	Agent's Signature	25 SE		
CARLOS A. VALDE		¥ 37		

(CONTINUED)

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