

MAY-19-2006 15:29

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P.01/04

Florida Department of State  
Division of Corporations  
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((H06000138014 3)))

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
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Phone : (305) 634-3694  
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06 MAY 19 AM 8:55  
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TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**oliliana land, L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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EMPIRE

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May 19, 2006

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EMPIRE

SUBJECT: OLILIAN LAND, L.L.C.  
REF: W06000023133

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Designate one title for Orieta Fontan.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Neyssa Culligan  
Document Specialist

FAX Aud. #: H06000138014  
Letter Number: 806A00035237

RECEIVED  
06 MAY 19 PM 4:09  
DIVISION OF CORPORATION

H06000138014

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I – Name:**The name of the Limited Liability Company is: **OLILIANA LAND, L.L.C.****ARTICLE II – Address:**

The mailing address and street address of the principle office of the Limited Liability Company is: 6217 SW 10 Street, Miami, Florida 33144

**Principal Office Address:**6217 SW 10 Street  
Miami, Florida 33144**Mailing Address:**6217 SW 10 Street  
Miami, Florida 33144**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Orieta Fontan


Name

6217 SW 10 StreetFlorida street address (P.O. Box **NOT** acceptable)Miami, Florida 33144

City, State, and Zip

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TALLAHASSEE, FLORIDA

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 as provided for in Chapter 608, F.S.

  
\_\_\_\_\_  
Registered Agent's Signature

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**ARTICLE IV - Management / Member(s):**

406000138014

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

Orieta Fontan  
6217 SW 10 Street  
Miami, Florida 33144

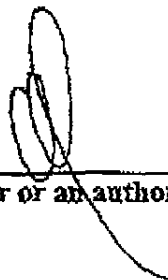
MGR

Bertine L. Florian  
6217 SW 10 Street  
Miami, Florida 33144

(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.)

ORIENTA FONTAN

Typed or printed name of signee

406000138014

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