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DIVISION OF CORPORATION

To:

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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.**

**medican palms business park llc**

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*[Handwritten Signature]*

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
MEDINA PALMS BUSINESS PARK LLC**

**ARTICLE I**

The name of the limited liability company shall be:

**MEDINA PALMS BUSINESS PARK LLC**

**ARTICLE II**

The principal place of business and mailing address of the corporation shall be:

**1800 SW 27 AVENUE  
SUITE 201  
MIAMI, FLORIDA 33145**

**ARTICLE III**

This limited liability company shall commence its existence immediately upon the filing of the Articles of Organization and shall perpetually thereafter be in existence unless sooner dissolved by and in accordance with Florida law.

**ARTICLE IV**

The name and address of the initial registered agent is:


**MANUEL F. VALDES, ESQUIRE  
4000 PONCE DE LEON BLVD.,  
SUITE 400  
CORAL GABLES, FLORIDA 33146**

**ARTICLE V**

The limited liability company is to be managed by a managing member. The company shall have the following Officers :

Raul Medina .....President & Treasurer  
Augusto Fonte.....Secretary

The undersigned has executed these Articles of Organization on this \_\_\_\_\_ day of \_\_\_\_\_, 2006.

  
Raul Medina, President

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EXHIBIT A

INITIAL MEMBER AND ADDRESS:	INITIAL CAPITAL CONTRIBUTION:	PERCENTAGE INTEREST AND PROFIT DISTRIBUTION:
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Raul Medina	\$	100%
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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First that, MEDINA PALMS BUSINESS PARK LLC desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization, has named MANUEL F. VALDES, ESQUIRE, whose address is 4000 PONCE DE LEON BLVD., SUITE 400, CORAL GABLES, FLORIDA 33146, as its agent to accept service of process within this State.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED CORPORATION 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.

SIGNATURE:



Manuel F. Valdes, Esquire  
Registered Agent

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