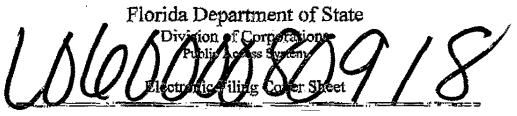
Division of Corporations

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Division of Corporations

Fax Number 1 (850) 205-0383

: FAS-T CORP. AGENTS, INC. Account Name

Account Number : 071001002335

(305)599-0839 : (305)716-0346

Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

METROWEST MIAMI HOLDINGS, LLC

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articles of organization for florida limited LIABILITY COMPANY

OF

METROWEST MIAMI HOLDINGS, LLC

ARTICLE I-NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

METROWEST MIAMI HOLDINGS, LLC

ARTICLE II - ADDRESS

THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS:

255 ALHAMBRA CIRCLE STE 720 CORAL GABLES, PL 33134

ARTICLE III - DURATION

THE PERIOD OF DURATION FOR THE LIMITED LIABILITY COMPANY SHALL BE: THIS COMPANY SHALL EXIST PERPECTUALLY.

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ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S)

THE LIMITED LIABILITY COMPANY IS TO BE MANAGED BY THE MEMBER(S). THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

Mariana Cancio 255 Alahambra Circle STE 720 Coral Gables, FL 33134

ARTICLE Y - ADMISSION OF ADDITIONAL MEMBERS

THE RIGHT, IF GIVEN, OF THE REMAINING MEMBERS TO ADMIT ADDITIONAL MEMBERS AND THE TERMS AND CONDITIONS OF THE ADMISSIONS SHALL BE:

A NEW MEMBER MUST BE APPROVED BY ALL MEMBERS.

ARTICLE VI - EFFECTIVE DATE

THE EFFECTIVE DATE IS THE DATE OF FILING

MEMBER'S SIGNATURE:

MARIANA CANCIO, MEMBER

3/16/06

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 608.50, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATION THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: Merrowest Mismi Holdings, LLC
- 2. The name and address of the registered agent and office is:

Amando Hernandez, PA 255 Alhumbra Circle Suite 720 Coral Gables, Fl 33134

Having both 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 set 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.

Armendo Homalidez, PA, Registered Agent

SECRETARY OF STATE OF YOR ATTIONS