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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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	ACCOUNT NO. :	072100000032		F15 65 M
	REFERENCE :	323218 737674	8	LATE 182
•	AUTHORIZATION :	Louis de mo	, ,	25.00
	COST LIMIT :	\$ 425.00		15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
ORDER DATE	: August 21, 20	06		ORIOP OR
ORDER TIME	: 11:57 AM			
ORDER NO.	: 323218-005			
CUSTOMER NO	7376748			
	DOMESTIC F	ILING		,
NAME	ROMA O.B.,	LLC · .		
	EFFECTIVE	DATE:		
CERT	CLES OF INCORPOR IFICATE OF LIMIT CLES OF ORGANIZA	ED PARTNERSHIP		
PLEASE RETU	RN THE FOLLOWING	AS PROOF OF FIL	ING:	
XX PLA	TIFIED COPY IN STAMPED COPY TIFICATE OF GOOD	STANDING		
CONTACT PER	.SON: Sara Lea -	EXT. 2914		
		EXAMINER'S IN	ITIALS:	

06 Mb 21 PH 2:7" ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM

ARTICLE I - Name:

The name of the Limited Liability Company is:

Roma O.B., LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "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:

c/o Dacra Development

1632 Pennsylvania Avenue

Miami Beach, Florida 33139

(Same as Principal Office)

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Walter Chatham

c/d Dacra Development, 1632 Pennsylvania Ave. Florida street address (P.O. Box NOT acceptable)

Miami Beach

33139

City, State, and Zip

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 (REQUIRED)

(CONTINUED) Page 1 of 2

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.)

Walter Chatham

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)