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Division of Corporations

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072450003255

Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

henriben llc

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION OF

HENRIBEN LLC.

ARTICLE 1

NAME

The name of this limited liability company is Henriben LLC. (the "Company")

ARTICLE II

DURATION

The Company shall exist perpetually, unless sooner dissolved or extended further in a manner provider by law, or as provided in the regulations adopted by the members (the "Regulation")

ARTICLE III

PURPOSE

The Company is created for the purpose of transacting and engaging in any activity or business authorized under the Florida Statutes.

ARTICLE IV

PRINCIPAL PLACE OF BUSINESS

The principal place of business of the Company shall be 901 Ponce de Leon Blvd. Suite 501 Coral Gables, Fi. 33134 and such other place or places as the members from time to time may determine. The mailing address of the Company is the same

ARTICLE V

INTIAL REGISTERED OFFICE AND REGISTERED NOTICE

The initial registered agent of the Company shall be Andres J. Iriondo The address of the initial registered agent is 901 Ponce de Leon Blvd., Suite 501 Coral Gables, Fl. 33134.

ARTICLE VII

MANAGEMENT

The Company will be managed by a managers who may be, but are not required to be, a member of the Company. The name and address of the manager who will serve as manager until the first annual meeting of the members or until his

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successor is selected and qualified in accordance with the Regulations is:

Andres J. Iriondo 901 Ponce de Leon Blvd., Suite 501 Coral Gables, Fl. 33134

ARTICLE III

NEW MEMBERS

No additional members shall be admitted to the Company, and no member may transfer his or her interest in the Company, except, in either case as set forth in the Regulations, and if there are no Regulations then in effect, by unanimous consent of all of the members. No transferee shall have the right to participate in the management of the business and affairs of the Company or become member upon such terms and conditions as set forth in the Regulation, and if no regulations are ingeffect, upon the unanimous consent of all of the members. Contributions of new members shall be determined as of their time of admission to the Company.

ARTICLE IX

DISOLUTION AND MEMBERS RIGHTS TO CONTINUE BUSINESS

The company shall be terminated and dissolved upon:

(A) the vote of all members holding an interest in the Company;

(B) the expiration of the term of the Company; or

(C) the death, retirement, or resignation of a member, if the remaining members do not vote unanimously to continue the business of the Company.

IN WITNESS WHERWOF, the undersigned have caused these Articles of Organization to be executed on the 6th day of September, 2006 effective upon filling same with the Florida Department of State.

Lucies J. Liconde Andres I. Irionde

STATE OF FLORIDA)	•
COUNTY OF MIAMI DADE) SS:)	
The foregoing instrument was acl Andres J. Iriondo, as Manager, manager, who is personally kno	knowledged before me this <u>6th</u> day of Septemb who did execute the foregoing Articles of Organ awn to me or produced	er 2006, by ization as
AB.	identification	<u> </u>
Signature - NOTARY PUBLIC		٠
Exiden Baldelanur Printed Name of Notary Public	ERICKA A BALDELOMAR MY COMMISSION # DD 188489	66 SEP -7 SECHETAR TALLAHASS
Commission expires:	- EXPIRES: February 25, 2007 1-0004-NOYARY R. Notiny Discount Assoc. Co.	LED 7 AM 9: 44 W OF STATE FLORIDA
Printed Name of Notary Public	•	Am +
Commission expires:	<u>.</u>	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- The name of the limited liability company is: Henriben, L.L.C
- 2. The name and the Plotida street address of the registered agent is:

Andres J. Iriondo 901 Ponce de Leon Blvd, Suite 501 Cotal Gabics, Fl. 33134 SECTIFIARY OF

Having been named as registered agent and to accept service of process for the above stated limited liability company at the physical designated in the certificate, I hereby accept appointment as registered agent and agree to act in this capacity. I fulfill agree comply with the provisions of all statutes relating to the proper and complete performance of my duties and am familial with and accept the obligations of my position as registered agent.

Andres I. Icondo

ERICKA A. BALDELOKAR

MY COMMISSION # DD 188489 EXPIRES: Fabrillary 25, 2007

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