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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

: EMPIRE CORPORÁTE KIT COMPANY Account Name

Account Number: 072450003255 ...

: (305)634-3694%

Fax Number : (305)633-9696

.**♥RIDA/FOREIGN LIMITED LIABILIT**

£0/10.9

majorca partners, llc

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Help

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ARTICLES OF ORGANIZATION FOR

MAJORCA PARTNERS, LLC a Florida Limited Liability Company

ARTICLE I-Name:

The name of the Limited Liability Company is:

MAJORCA PARTNERS, LLC

ARTICLE II-Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

> 7 TURTLEWALK KEY BISCAYNE, FL 33149

ARTICLE -III-Registered Agent, Registered Office, & Registered Agent's Signature:

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

THOMAS G. SHERMAN, ESQ. 90 ALMERIA AVENUE CORAL GABLES, FL 33134

ARTICLE IV **PURPOSE**

The limited liability company shall have the authority to engage in any activity or business permitted under the laws of the United States and of the law of the State of Florida, and the law of any other jurisdiction wherein it may conduct business. This limited liability company may conduct business within or without the State of Florida anywhere in the world that it may so select.

ARTICLE V VOTING

Votes of the members shall be in proportion to their contributions to the capital of the limited liability company as adjusted from time to time, to properly reflect any additional contributions or withdrawals of capital by the members.

ARTICLE VI-Management (Check box if applicable)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

X The Limited Liability Company is to be managed by its members and is, therefore, a member-managed company.

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ARTICLE VII MANAGING-MEMBER:

* The Managing-Member of the Limited Liability Company is:

Jose Luis Bueno
 Turticwalk
 Key Biscayne, FL 33149

Print Name: Thomas G. Sherman

Authorized Representative of a Menaging-Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the panalties of perjury that the facts stated herein are true.)

SECRETARY OF STATE
TALL AHASSEF FLORIDA

Howing been named as registered agent and so overps service of process for the above stated limited liability enorphing at the place designated in this certificate, I hereby except the appointment as registered agent and eggree to act in this capacity. I further agree to early with the provisions of all statutes relating to the proper and complete performance of my fastice, and I am familiar with and accept the obligations of my position as registered agent as provided for fighthapter 608, N.S.

THOMAS G. SHERNAN, ESQ., P.A. REGISTERED AGENT'S SIGNATURE

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