

Division of Corporations

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To:

Division of Curporations

Fax Number : (850)205-0383

ACCOUNT Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694 Fax Number : (305) 633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MIAMI ETHANOL SYSTEMS, LLC

Certificate of Status	**************************************
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This Instrument Prepared By:

JOHN P. MAAS, ESQUIRE 44 NE 16th Street Homestcad, Florida 33030 305-247-7132 Florida Bar No. 435910



ARTICLES OF ORGANIZATION

OF

MIAMI ETHANOL SYSTEMS, LLC.

ARTICLE I:

The name of this limited liability company shall be: MIAMI ETHANOL SYSTEMS, LLC, a Florida limited liability company.

ARTICLE II:

The mailing address and street address of the principal office of the limited liability company shall be as follows:

20301 SW 320 STREET HOMESTEAD, PLORIDA 33030

ARTICLE III:

The name of the registered agent for MIAMI ETHANOL SYSTEMS, LLC, is as follows:

SHARON GANTT GARCIA

ARTICLE IV:

This limited lightlity company shall be a member-managed company and shall be managed by two member managers.

ARTICLE V:

The initial members of MIAMI ETHANOL SYSTEMS, LLC, shall be:

SHARON GANTT GARCIA

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20301 SW 320 STREET HOMESTEAD, PLORIDA 33030

JEPHTE GARCIA-BETANCOURT 20301 SW 320 STREET HOMESTEAD, FLORIDA 33030

ARTICLE VI:

The initial managing members shall be:

SHARON GANTT GARCIA (MGRM) 20301 SW 320 STREET HOMESTEAD, FLORIDA 33030

JEPHTE GARCIA-BETANCOURT (MORM) 20301 SW 320 STREET HOMESTEAD, FLORIDA 33030

DATED this 20 day of December 2006.

SHARON GANTT GARCIA, Managing Member

JEPHYE GARCIA-BETANCOURT,

Managing Member

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE OF

MIAMI ETHANOL SYSTEMS, LLC

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCUPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF ORGANIZATION, 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 PROPERT AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATED this 20 day of Dec. 2006.

SHARON CANTT CARCIA

Registered Agent 20301 SW 320 STREET HOMESTEAD, FLORIDA 33030

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