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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

*SBM*

FLORIDA/FOREIGN LIMITED LIABILITY CO.

metropolis heights investments, llc

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3

**ARTICLES OF ORGANIZATION**

**FOR**

**METROPOLIS HEIGHTS INVESTMENTS, LLC**

06 DEC 21 PM 12: 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE 1. - NAME:**

The name of this Limited Liability Company ("Company") shall be:

**METROPOLIS HEIGHTS INVESTMENTS, LLC**

**ARTICLE 2. - ADDRESS**

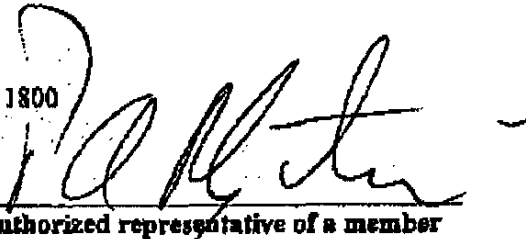
The mailing address and street address of the principal office of the Company is:

c/o 1200 Brickell Avenue, Suite 1800, Miami, Florida 33131.

**ARTICLE 3. - MANAGEMENT**

The Company is to be managed by: a manager or managers and the name(s) and address of such manager(s) is:

Pedro A. Martin  
1200 Brickell Avenue, Suite 1800  
Miami, Fl 33132



Signature of authorized representative of a member

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

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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

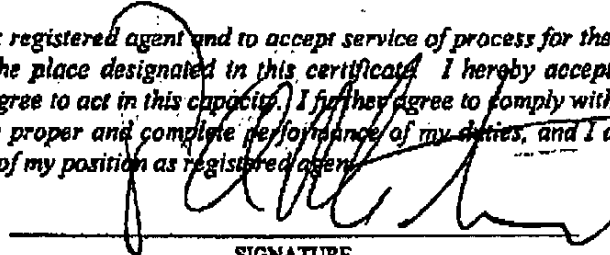
PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: **METROPOLIS HEIGHTS INVESTMENTS, LLC.**
- 2. The name and the Florida street address of the registered agent are:

PEDRO A. MARTIN  
NAME

1200 Brickell Avenue, Suite 1800  
Miami, Florida 33131  
Florida street address (P.O. BOX NOT ACCEPTABLE)

*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.*

  
SIGNATURE

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