

FEB-26-2007 16:12

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W07000021765

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

RECEIVED

07 FEB 26 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

PLURAL MARKET-TITANIUM GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Handwritten signature/initials

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DIVISION OF CORPORATIONS

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February 26, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: PLURAL MARKET - TITANIUM GROUP, LLC
REF: W07000009645

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please provide the city, state and zip code of each managing member listed on page 2.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Document Specialist

FAX Aud. #: H07000049380
Letter Number: 607A00013796

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLURAL MARKET- TITANIUM GROUP, LLC

ARTICLE II - Address:

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

Principal Office Address:

800 WEST AVENUE, SUITE 903
MIAMI, FLORIDA 33139

Mailing Address:

SAME

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

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

ALBA VALES POLLEDRI

Name

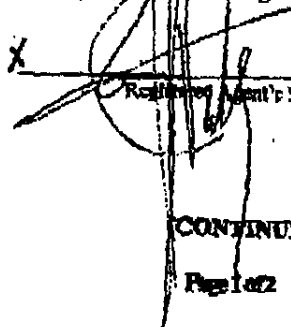
800 WEST AVENUE, SUITE 903

Florida street address (P.O. Box NOT acceptable)
MIAMI BEACH, FLORIDA 33439

FL

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.

X


Registered Agent's Signature

(CONTINUED)
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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

GIORGIO POLLEDRI
800 WEST AVENUE, SUITE 903
MIAMI BEACH, FLORIDA 33139

MGRM

ALBA VAREZ POLLEDRI
800 WEST AVENUE, SUITE 903
MIAMI BEACH, FLORIDA 33139

MGRM

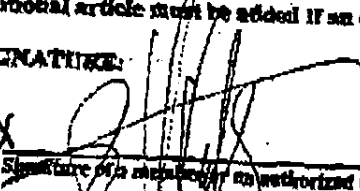
JULIA MARTA ZATONZ
17092 COLLINS AVENUE, SUITE C109
SUNNY ISLES, FLORIDA 33160

MGRM

ANTONIO MINGUEZ
17092 COLLINS AVENUE, SUITE C109
SUNNY ISLES, FLORIDA 33160

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**

X 
Signature of a manager or an authorized representative of a member.

(In accordance with section 605.408(2), Florida Statutes, the execution
of this document constitutes an affirmation under the penalties of perjury
that the facts stated herein are true.)

ALBA VAREZ POLLEDRI

Typed or printed name of signor

Filing Fee:

- \$125.00 filing fee for Articles of Organization and Designation
of Registered Agent
- \$ 90.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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