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To:

Division of Corporations

Fax Number . : (850)205-0383

From:

Account Name : BLUMBERG/HXCELSIOR: CORPORATE SERVICES, INC.

Account Number : 075350000353 . Phone : (212)431-5000

Phone : (212)431-5000 Fax Number : (212)431-1441

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

170/2G Associates LLC

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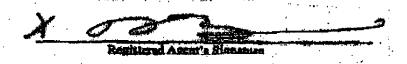
### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

170/2G Associates LLC	<u> </u>
ARTICLE II - Address: The mailing address and street address of the principal of	
Principal Office Address: Mailing	Address:
	ni, 1425 Brickell Avenue, Apt. 58E orlda 33131
ARTICLE III - Registered Agent, Registered Office, &	_ 9
Alexandre Bosoni	agent are: VISION APR
Name	20 20
1425 Brickell Avenue, Apt. 56E	37 37 37 37 37 37 37 37 37 37 37 37 37 3
Florida street address (P.O. I	SOX MOT BOCEDIABLE)
Miami, Florida 33131	9 38 S
City, State, and Zip	ATE ATTON

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.



(CONTINUED)

Page 1 of 2

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

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

	: R" = Manage RM" = Mana		lbor	Name and Addre	<u> </u>									
MGRM .				Alexandre Bosoni 1425 Brickell Avenue, Apt. 56E Mlami, Florida 33131 Maria Bosoni										
								<del></del>		<b>-</b>		1425 Brickell Avenu	ue, Apt. 56	
									,		4	Miami, Florida 3313	1	
								-		•				
	1. 17.1.01	<del>-</del> 		2										
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(Use attachment if necessary)

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

REQUIRED SIGNATURE:

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

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

JUSTIN T. REED, Organizor

Typed or printed name of signee

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)