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Division of Corporations

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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 : 072430003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

ocean pyramid investment, llc

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ocean Pyramid Investment, LLC
(Adapt and add the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.P." or "L.P.C." to the name of the company.)

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

8334 SW 40 Street
Miami, FL 33155

8334 SW 40 Street
Miami, FL 33155

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Luis Pardo
Name

8334 SW 40 Street
Florida street address (P.O. Box NOT acceptable)

Miami, FL 33155
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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 602, F.S.

[Signature]
Registered Agent's Signature (REQUIRED)

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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
 "MGM" = Managing Member

Name and Address:

President

Luis Pardo
8324 SW 40 Street
Miami, FL 33155

Vice President

Camilo Garcia
8324 SW 40 Street
Miami, FL 33155

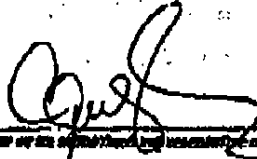
Treasurer

Allina Bubi
8324 SW 40 Street
Miami, FL 33155

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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

(In accordance with section 605.408(3), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Camilo Garcia
 Typed or printed name of signer

Notary Public

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 50.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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