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: ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.

Account Number : 076624003440 Phone

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### FLORIDA/FOREIGN LIMITED LIABILITY CO.

#### CRAWFORD RESIDENCES V LLC.

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#### ARTICLES OF ORGANIZATION

<u>OF</u>

#### CRAWFORD RESIDENCES VILLC.

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

## ARTICLE I

The name of this Limited Liability Company is: CRAWFORD RESIDENCES V LLC.

# ARTICLE II GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

### ARTICLE III TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

### ARTICLE IV

The principal office and mailing address of this Limited Liability Company in the State of Florida is 4970 SW 72<sup>nd</sup> Ave., #102, Miami, FL 33155. The Board of Managers may from time to time move the principal office to another address in Florida.

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### ARTICLE V REGISTERED OFFICE, REGISTERED AGENT

That CRAWFORD RESIDENCES V LLC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates EDUARDO GOUDIE, as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 4970 SW 72<sup>nd</sup> Ave., #102, Miami, FL 33155.

#### ARTICLE VI MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The Initial Manager shall be of EDUARDO GOUDIE of 4970 SW 72<sup>rd</sup> Ave., #102, Miami, FL 33155.

WITNESS the hand and seal of the Manager in Miami-Dade County, State of Florida, this day of June, 2007.

STATE OF FLORIDA

) SS:

**COUNTY OF MIAMI-DADE** 

PERSONALLY appeared before me, EDUARDO GOUDIE, the Manager of CRAWFORD RESIDENCES V LLC., for and on behalf of the entity, who produced \_\_\_\_\_\_ as identification, or is personally known to me, who being by me first duly sworn, acknowledge that he signed the same for the purposes therein expressed.

WITNESS my hand and seal at Miami-Dade County, Florida this Zday of June, 2007.

SARA JAZMIN RUIZ

Commil D20655380

Expired 4/10/2011

Florido Natury Asson, Ind

NOTARY PUBLIC, STATE OF FLORIDA

AT LARGE

My commission expires:

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That CRAWFORD RESIDENCES V LLC, desiring to organize or quality under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, designates EDUARDO GOUDIE as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 4970 SW 72<sup>nd</sup> Ave., #102, Miami, FL 33155

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

7 /A

The Registered

EDUARDO GOUDIE Date: June 27, 2007