

Florida Department of State

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Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

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

FLORIDA/FOREIGN LIMITED LIABILITY

east 10th avenue property, llc

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
EAST 10th AVENUE PROPERTY, LLC**

ARTICLE I

The name of the limited liability company shall be: **EAST 10th AVENUE PROPERTY, LLC**

ARTICLE II

The principal place of business and mailing address of the corporation shall be:

7545 West 24th Avenue
Suite 100
Hialeah, Florida 33016

ARTICLE III

This limited liability company shall commence its existence immediately upon the filing of the Articles of Organization and shall perpetually thereafter be in existence unless sooner dissolved by and in accordance with Florida law.

ARTICLE IV

The name and address of the initial registered agent is:

Manuel F. Valdez, Esquire
141 Almeria Avenue
Coral Gables, Florida 33134

ARTICLE V

The limited liability company is to be managed by a Managing Member.

The undersigned has executed these Articles of Organization on this 6 day of November, 2007.


August Ferriz, Managing Member

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

Pursuant to the provisions of Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First that, **EAST 10th AVENUE PROPERTY, LLC** desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization, has named **Manuel F. Valdes, Esquire** 141 Almeria Avenue Coral Gables, Florida 33134 as its agent to accept service of process within this State.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED CORPORATION 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: *Manuel Valdes, Esquire*
Manuel F. Valdes, Esquire as Registered Agent

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