Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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RIDA/FOREIGN LIMITED LIABILITY CO.

Ocean Construction South LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
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| Estimated Charge | \$130.00 |

J. BRYAN

MAY 1 5 2008

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ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Ocean Construction South LLC

ARTICLE 11 - Address

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

| 3 | | | |
|---|---------------------|--------------------------------|----------------|
| Principal Office Address: | <u>Ма</u> | iling Address: | |
| 8547 Glencairn Terrace | | 47 Glencairn Terrace | |
| Miami Lakes, FL 33016 | <u>M</u> | ami Lakes, FL 33016 | |
| *************************************** | | | |
| | | | |
| ARTICLE III - Registered A | | z Registered Agent's Signature | NAM 80 |
| | Patricia LLama | | _ _ |
| | | Name | |
| | 13785 SW 160 St. | | Ċ. |
| | (P.O. Box or Mail I | Prop Box NOT Acceptable) | M 8: 18 |
| | Miami, FL 33177 | | 35 |

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.

(City / State / Zip)

Registered Agent's Signature - Patricia LLama

ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address:

stated herein are true.)

H08000129528

| MGRM | Patricia LLama - 13785 SW 160 St., Miami, FL 33177 | |
|------------------------------|--|--|
| MGRM | Israel Alvarez - 8547 Giencairn Terrace, Miami Lakes, FL 33016 | |
| | | |
| | | |
| Use attachment if necessary) | | |
| REQUIRED SIGNATURE: | 5 | |
| | - Tawa | |
| | of a member or anthorized representative of a member. | |

Patricia LLama

Typed or printed name of signee

DIVISION OF CORPORATIONS

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