Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000150658 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA,

Account Number : 076624003440 Phone

: (305)444-6226

Fax Number

: (305)442-4829

FLORIDA/FOREIGN LIMITED LIABILITY CO.

DEV-CON URBAN PARTNERS INVESTORS-II, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

T. CLINE

JUN 13 2008

EXAMINER 06/12/08 но8000150658 3

ARTICLES OF ORGANIZATION

OF

DEV-CON URBAN PARTNERS INVESTORS-II. LLC.

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 1 NAME

The name of this Limited Liability Company is: DEV-CON URBAN PARTNERS INVESTORS-II, LLC.

ARTICLE II GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the liws 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 299 ALHAMBRA CIRCLE, SUITE 203, CORAL GABLES, FL 33134. The Board of Managers may from time to time move the principal office to another address in Florida.

H08000150658. 3

ARTICLE Y REGISTERED OPFICE, REGISTERED AGENT

That DEV-CON URBAN PARTNERS INVESTORS-II, 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 JORGE LOPEZ, as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 299 ALHAMBRA CIRCLE, SUITE 203, CORAL GABLES, FL 33134.

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 of the Company shall be:

AXEL RIZO of 299 ALHAMBRA CIRCLE, SUITE 203, CORAL GABLES, FL 33134

JORGE LOPEZ of 299 ALHAMBRA CIRCLE, SUITE 203, CORAL GABLES, FL 33134

WITNESS the hand an day of June, 2008	d seal of the Manager	in Miami-Dade County, Sta	ate of Florida, this
		JORGE, LOPEZ	
		Manager	声の
STATE OF FLORIDA)	_	유로 '
) SS:		57
COUNTY OF MIAMI-DADE)		32
PARTNERS INVESTORS-II, as ident sworn, acknowledge that he sign	tification, or is persons	ally known to me, who bein	g by me first duly
WITNESS my hand an	d scal at Miami-Dade	County, Florida this	day of June, 2008.
My commission expires:	BETAVO ON TOPA 122. 2019 NO EA	RVPVBLIC STATE OF E	CLORIDA

но8000150658 3

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 DEV-CON URBAN PARTNERS INVESTORS-II, LLC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, designates JORGE LOPEZ, as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 299 ALHAMBRA CIRCLE, SUITE 203, CORAL GABLES, FL 33134.

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.

The Registered Agent,

Date: June