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THE THE SECRETARY OF STATE

T. CLINE

JUN 2 6 2008

EXAMINER

April 25, 2008

Department of State Division of Corporations Corporate Filings P O Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed is a check for \$155 to cover the formation of GREEN RIDE MIAMI LLC

Please send the certified copy to: RAFFI ZABARI 12885 SW 82 AVE. MIAMI, FL 33156.

Thank you for your cooperation.

Very truly yours,

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SECRETARY OF STATE

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ARTICLES OF ORGANIZATION OF GREEN RIDE MIAMI LLC

Article I Name

The name of the limited liability company is: GREEN RIDE MIAMI LLC

Article II Principal Office

The principal place of business of this Limited Liability Company shall be: 12885 SW 82 AVE. MIAMI, FL 33156

Article III Mailing Address

The mailing address of this business 12885 SW 82 AVE. MIAMI, FL 33156

Article IV Initial Registered Agent & Street Address

The name and address of the initial registered agent is: RAFFI ZABARI 12885 SW 82 AVE. MIAMI, FL 33156

Article V Duration

The duration of this Limited Liability Company shall be 12/31/2044

Article VI Managers/Members

The management of this Limited Liability Company is reserved for the member and the name and address of member is:

RAFFI ZABARI 12885 SW 82 AVE MIAMI, FL 33156 SECRETARY OF STATE

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED 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.

The name of the limited liability company is: GREEN RIDE MIAMI LLC

The name and address of the registered agent and office is RAFFI ZABARI 12885 SW 82 AVE. MIAMI, FL 33156

Having been named as registered agent and to accept service for the above stated 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.

Signature

RAFFI ZABARI

June 23, 2008

SECRETARY OF STATE