

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (050)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Phone Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

constructores de suenos llc

Certificate of Status	0
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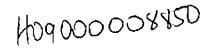
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

CONSTRUCTORES DE SUEÑOS LLC

ARTICLE I

The name of the Limited Liability Company shall be: CONSTRUCTORES DE SUEÑOS LLC

OF JAN 14 AM 9: 49

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company: 4110 SOUTH GOLDENROD ROAD, ORLANDO, FLORIDA 32822

ARTICLE IV

The name and the Florida street address of the registered agent: RIGOBERTO CARRION, 1725 MONTEBURG DRIVE, ORLANDO, FLORIDA 32825

ARTICLE V

The name of the Managing Member(s) of this Company shall be:

RIGOBERTO CARRION 40%

PEDRO ERVEY DELGADO 60%

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Dr. Rigoberto Corrion Registered Agent

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed of printed name of signee

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