Division of Corporations Public Access System

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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

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

FLORIDA/FOREIGN LIMITED LIABILITY C

lafayette plz, llc.

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ARTICLES OF ORGANZIATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

LAFAYETTE PLZ, LLC.

ARTICLE II - Address:

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

SUITE 4506 18101 COLLINS AVENUE SUNNY ISLES, FLORIDA 33160

ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

NATHAN KESTENMAN 18101 COLLINS AVENUE SUNNY ISLES, FLORIDA 33160

Having been named as registered agent and to accept service of process for the abovestated 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.

Registered Agent's Signature, Nathan Kestenman

Mh. / Ce /e.....

Signature of a member or an authorized representative of a member, Nathan Kestenman

(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.)

Nathan Kestenman

Typed or printed name of signee

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EMPIRE CORP KIT

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