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Fax Number : (850)617-6383

From:

Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.

Account Number : 076624003440 Phone : (305)444-6226 Pax Number : (305)442-4829 UL 24 AM 8: 16

FLORIDA/FOREIGN LIMITED LIABILITY CO.

DELFA 3030, LLC.

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EXAMINER

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ARTICLES OF ORGANIZATION

OF

DELFA 3030, 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 I

The name of this Limited Liability Company is: DELFA 3030, LLC.

ARTICLE II GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted inder the laws of 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 Campany'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 ADDRESS

The principal office and mailing address of this Limited Liability Company in the State of Florida is 3535 S. OCEAN DR., SUITE 1506, HOLLYWOOD, FL 33019. The Board of Managers may from time to time move the principal office to another address in Florida.

ARTICLE V REGISTERED OFFICE, REGISTERED AGENT

That DELFA 3030, 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 ARAZOZA & FERNANDEZ-FRAGA P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

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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:

FREDDY FADEL of 3535 S. OCEAN DR., SUITE 1506, HOLLYWOOD, FL 33019

WITNESS the hand and seal of the Manager in Miami-Dade County, State of Florida, this _____ day of July, 2009.

The Manager

TALLAH ASSEC FLORIDA

TALLAH ASSEC FLORIDA

STATE OF FLORIDA

SS

COUNTY OF MIAMI-DADE

PERSONALLY appeared before me, FREDDY FADEL, who is personally known to me, who being by me first duly sworn, acknowledges that he signed the same for the purposes therein expressed.

WITNESS my hand and seal at Miami-Dade County, Florida this 24 day of July, 2009



NOTARY PUBLIC STATE OF FLORIDA AT LARGE

My commission expires:

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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 DELFA 3030, 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 ARAZOZA & FERNANDEZ FRAGA P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, 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

Adelaida Fernandez Fraga

Director

Arazoza & Fernandez-Fraga, P.A.

Date: July 24 2009